

AGENDA

SPECIAL MEETING COMMITTEE ON HUMAN RESOURCES/INSURANCE

January 07, 2013
Aldermen Shea, Ludwig,
Greazzo, Roy, Levasseur

5:00 p.m.
Aldermanic Chambers
City Hall (3rd Floor)

1. Chairman Shea calls the meeting to order.
2. The Clerk calls the roll.
3. Summary of outstanding arbitrations and grievances submitted by the Human Resources Director.
(Note: Provided for informational purposes only; no action required)
4. COMPASS Program summary.
(Note: Provided for informational purposes only; no action required)
5. Updated FMLA Policy, submitted by the Human Resources Director.
Gentlemen, what is your pleasure?
6. Communication from David Mara, Chief of Police, requesting the committee review the current policy on military leave for employees.
Gentlemen, what is your pleasure?
7. Communication from Kevin Sheppard, Public Works Director, submitting a request for a change in his current complement as follows:
 - Addition of one Financial Analyst I
 - Elimination of one Business Service Officer**Gentlemen, what is your pleasure?**

TABLED ITEMS

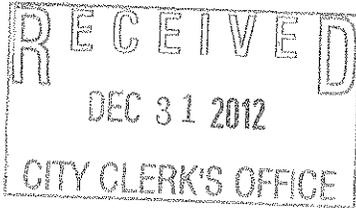
(A motion is in order to remove any item from the table.)

8. Solicitation policy submitted by Jane Gile, Human Resources Director.
(Note: Tabled 12/4/2012)

9. Draft ordinances for the position of welfare commissioner submitted by Tom Arnold, Deputy City Solicitor.
(Note: Tabled 12/4/2012)

10. If there is no further business, a motion is in order to adjourn.

Jane Gile
Human Resources Director



CITY OF MANCHESTER
Human Resources Department

December 31, 2012

To: Human Resources and Insurance Committee
From: Jane E. Gile, HR Director 
Re: INFORMATIONAL ONLY: Summary of Grievances and Arbitrations

Attached is a summary document of union grievances and arbitrations that are outstanding and/or settled thus far in Calendar Year 2012.

Calendar year 2012 – December
Outstanding and Settled Grievances and Arbitrations
As of
December 31, 2012

UNION	#	GRIEVANCE	POTENTIAL IMPACT	STATUS	ARB#/DATE	OUTCOME
AFSCME	8-10	Snow Events and Stand-By	Procedural	Pre-Arb 3/23/10		Agreement reached
AFSCME	1-11	Start Time	Precedent	Pre-Arb 4/12//11; 5/6/11		Management to review
AFSCME	5-11	Plus Rates	Precedent/Cost	Pre-Arb 10/18/11	Arbitration 5/11/12	City 09/05/2012
AFSCME	7-11	Duty Assignment and Pay		Pre-arb 1/19/2012		Closed (see 5-11 above)
AFSCME	8-11	Reducing Wing Men on Plow Trucks		Pre-Arb 1/19/2012		MOU to be proposed
AFSCME	1-12	Records request		Pre-Arb 3/29/2012		Records provided by Management- NFA
AFSCME	2-12	Start time changed to later start - ST		Pre-arb 3/29/2012	Arbitration 12/17/2012	Union Withdrew
AFSCME	3-12	Start time changed to later time - DB		Pre-arb 3/29/2012	Combined as class action (see 2-12)	Union Withdrew
AFSCME	4-12	Start time changed to later time – DT		Pre-arb 3/29/2012	Same as Above	Union Withdrew
AFSCME	5-12	Start time changed to later time -BM		Pre-arb 3/29/2012	Same as Above	Union Withdrew
AFSCME	6-12	Start time changed to later time - DB		Pre-arb 3/29/2012	Same as Above	Union Withdrew
AFSCME	7-12	Absence from Work Justification		Pre-Arb 4/12/2012; 5/30/2012		MOU reached with union- union withdrew grievance
AFSCME	8-12	Assignment of OT		Pre-Arb 6/26/2012		Union withdrew grievance

Calendar year 2012 – December
Outstanding and Settled Grievances and Arbitrations
As of
December 31, 2012

AFSCME	9-12	Contesting discipline		Pre-Arb 8/10/2012		Agreement reached; NFA
AFSCME	10-12	Equipment Mechanic 2 Affiliation		Pre-Arb 10/19/2012	Arbitration 4/17/2013	
AFSCME	11-12	Working Conditions – EPD		Mgnmt level		Withdrawn by union
AFSCME	12-12	Assignment of OT		Pre-Arb 11/5/12		Settled by Parties NFA
AFSCME	13-12	Plus Rating Mechanics working on Fire Trucks		Pre-Arb 12/10/2012		Held in abeyance
AFSCME	14-12	Labor/Management Advisory Committee (training)		Pre-Arb 12/10/2012		Withdrawn by union
AFSCME	15-12	Training Program Procedures		Pre-Arb 12/10/2012		NFA
IAFF	1-12	Assignment of Light Duty		Pre-Arb 8/1/2012		Held in abeyance NFA
IAFF	2-12	Benefit change from CIGNA to Anthem		Pre-Arb 8/1/2012		NFA - withdrawn
IAFF	3-12	Staffing maintenance in accordance with CBA		Pre-Arb 8/29/2012		Denied by Local 856 & MFD Admin
IAFF	ULP	Violation of contract extension		See IAFF 3-12	PELRB G-0199-1	Not accepted by PELRB – no jurisdiction
IAFF	4-12	Violation of Drug and Alcohol Policy		Management Level		
MAFS	1-12	Vacation Accrual		Pre-Arb 9/25/2012	Not settled	
MPPA	1-10	Discipline	Precedent	Pre-Arb 9/24/10	Arbitration 11/10/11	Union 1/12/2012
MPPA	2-10	Discipline	Precedent	Pre-Arb	Arbitration	Union

Calendar year 2012 – December
Outstanding and Settled Grievances and Arbitrations
As of
December 31, 2012

				9/24/10	11/10/11	1/12/2012
MPPA	3-10	Discipline	Precedent	Pre-Arb 9/24/10	Arbitration 11/10/11	Union 1/12/2012
MPPA	ULP	Polygraph exam and discipline		PELRB G-0103-2	Hearing 11/4/2010	Union 5/24/11; appealed to NH Supreme Court
MPPA	1-12	Employee Termination		Pre-Arb 10/22/2012	Arbitration 01/30/2013	
PDSS	1-11	Employee Termination		Pre-Arb 12/9/11	Arbitration 8/2012	City 10/11/12
PDSS	2-11	Employee Termination		Pre-Arb 9/5/2012	Arbitration 2/7/2013	
PDSS	3-11	Employee Termination		Withdrawal Pending		Human Rights Commission
PDSS		Modification Petition		PELRB #G-0187-2		Approved
PDSS	1-12	Mechanics – chg in work conditions		Mgmt level		See ULP G-0187-3
PDSS	ULP	Unfair Labor Practice–moving mechanics to Fleet Dept.		PELRB G-0187-3	Adj Hearing 8/21/2012	
USW	16-10	Insufficient on-site parking for all employees @ new city complex		Pre-arb 1/5/11	Arbitration TBD	
USW	2-11	Docking Pay/Use of disciplinary warnings	Precedent/Cost	Pre-Arb 10/25/11		Closed- No show Grievant
USW	6-11	Unsafe work condition		Pre-Arb 1/18/12		NFA
USW	7-11	Verbal harassment	Timeliness	Pre-Arb 1/18/12		NFA
USW	8-11	Employee Termination		Pre-arb	Arbitration	City

**Calendar year 2012 – December
Outstanding and Settled Grievances and Arbitrations
As of
December 31, 2012**

				1/18/12	5/17/2012	08/28/2012
USW	1-12	Verbal Warning		Pre-Arb 1/24/2012		Grievance Denied
USW	2/12	FLSA Overtime Issue		Pre-Arb 6/27/2012	Arbitration 12/10/2012 union pponed	
USW	3-12	Written Warning		Management Level		Resolved NFA
USW	4-12	Demoralizing behavior by Management		Pre-Arb 6/27/2012		Settled
USW	5-12	Change in Performance Evaluation Procedure		Pre-Arb 6/27/2012		Settled
USW	6-12	Step increases not given in accordance with CBA		Management Level	Response by Director 12/17	
USW	7-12	Disciplinary procedures not being followed according to CBA		Management Level	Response by Director 12/27	

Jane Gile
Human Resources Director



CITY OF MANCHESTER
Human Resources Department

December 31, 2012

Chairman William Shea
Human Resources and Insurance Committee
One City Hall Plaza
Manchester, NH 03101

Informational: COMPASS Report

Dear Chair Shea:

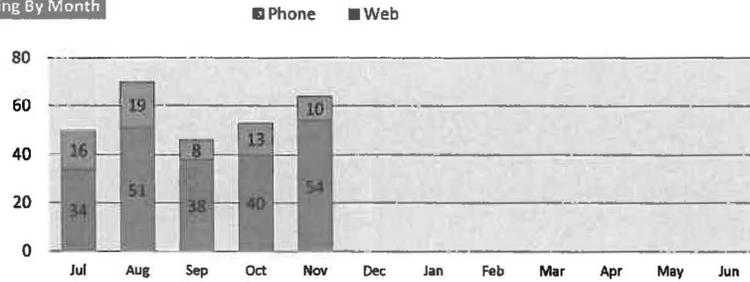
Attached is the COMPASS summary report for the City of Manchester which reflects claims paid as of the month of November 2012.

The information is based on the new plan/contract year that began on July 1, 2013.

Respectfully submitted,

Jane E. Gile, SPHR
Human Resources Director

Shopping By Month



Current Month Cost Avoidance Summary		
Net Cost Avoided	Cases	Incentives Paid
\$ 10,464	31	\$ 1,670

Year To Date Cost Avoidance Summary (beg. 7/1/12)		
Net Cost Avoided	Cases	Incentives Paid
\$ 91,166	212	\$ 10,820

Contract To Date Cost Avoidance Summary		
Net Cost Avoided	Cases	Incentives Paid
\$ 91,166	212	\$ 10,820

Key Comments

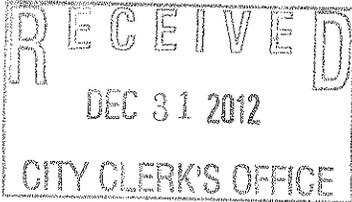
- * At the direction of the committee, the lab and PT claim information has been added into the report
- * Revised lab incentive fully implemented and reflected in these numbers
- * Please note that the numbers in this report are cumulative since 7/1/12 and have been restated through November
- * This report measures the codes for blood draws as a lab claim
- * This report measures specific PT evaluation codes as measuring the start of PT course of treatment

Voluntary Cost-Effective Election Breakout (July 2012 going forward)						
Service	Claims	Searches	Cost-Effective	Success Rate	Savings	% of Savings
Bariatric Surgery	0	0	0	0%	\$ -	0.0%
Bone Density	25	8	2	8%	\$ 238	0.3%
Bone Imaging	1	0	0	0%	\$ -	0.0%
Bladder Repair Surgery	0	0	0	0%	\$ -	0.0%
Breast Biopsy	4	0	0	0%	\$ -	0.0%
Bunionectomy	1	0	0	0%	\$ -	0.0%
Carpal Tunnel	1	2	0	0%	\$ -	0.0%
Cataract Removal	4	0	0	0%	\$ -	0.0%
Colonoscopy	45	20	9	20%	\$ 7,018	7.7%
CT Scan	89	7	3	3%	\$ 1,364	1.5%
ENT	13	2	0	0%	\$ -	0.0%
Gallbladder Removal	2	1	1	50%	\$ (50)	0.0%
Heart Imaging	0	0	0	0%	\$ -	0.0%
Hernia Repair	2	2	0	0%	\$ -	0.0%
Hysteroscopy (utersocopsy)	4	0	0	0%	\$ -	0.0%
Joint Aspiration	92	0	0	0%	\$ -	0.0%
Knee Surgery	5	1	0	0%	\$ -	0.0%
Lab Services	1349	100	123	9%	\$ 30,357	33.3%
Lithotripsy	0	1	0	0%	\$ -	0.0%
Liver Biopsy	0	0	0	0%	\$ -	0.0%
Low Back Surgery	3	1	0	0%	\$ -	0.0%
Mammogram	174	37	26	15%	\$ 668	0.7%
MRI	138	32	18	13%	\$ 5,569	6.1%
Pain Injections (spine)	15	4	1	7%	\$ 419	0.5%
Physical Therapy	136	25	20	15%	\$ 41,135	45.1%
Ovaries/Fallopian Tube Removal	0	0	0	0%	\$ -	0.0%
Remicade Therapy	7	1	0	0%	\$ -	0.0%
Shoulder Surgery	2	3	0	0%	\$ -	0.0%
Ultrasounds	142	12	6	4%	\$ 776	0.9%
Upper GI	27	8	3	11%	\$ 3,672	4.0%
Urethra & Bladder Scope	13	1	0	0%	\$ -	0.0%
Education Call	0	15	0	0%	\$ -	0.0%
Totals	2294	283	212	9%	\$ 91,166	

Jane Gile
Human Resources Director



CITY OF MANCHESTER
Human Resources Department



Memo

December 28, 2012

To: William Shea, Chair, Human Resources and Insurance Committee

From: Jane Gile, HR Director 

RE: Updated FMLA Policy

The Human Resources Department has conducted a review of the city's FMLA policy and has updated it as indicated in the attached document.

Dan Chapman, HR Analyst, who administers the policy for the City of Manchester performed the review. He has outlined the sections containing significant changes and has highlighted the same in the attached document. This should assist in identifying those areas requiring closer examination.

The substantive changes are in accordance with federal law and also reflect the city's policy relative to the changes, specifically Military Exigency Leave and Military Caregiver Leave. Also, the document further clarifies city practice concerning the right to designate leave as FMLA, clarifies the use of paid leave prior to unpaid leave and describes what type of paid leave is substituted for unpaid leave.

The previous FMLA document was unclear relative to the definition of family member when using paid sick leave; the policy now reflects policy in accordance with City Ordinance 33.081 (D).

The policy has been reviewed by the Solicitor's office and we believe is ready for final approval by the Board of Mayor and Aldermen.

City of Manchester – Family and Medical Leave Policy

Summary of Changes/Revisions to 2009 FMLA Policy

Although I have re-written many sections to provide clarification and improve the grammar and organization of the policy, the following sections represent the most significant changes (which have been highlighted in the attached 2012 FMLA Policy):

1. Establishes the role of the City FMLA Administrator within Human Resources.
2. Specifies the responsibility of the FMLA Administrator to respond to an employee's request for FMLA Leave (as required of employers by the FMLA), and refers the reader to the Federal Wage & Hour Division "Notice of Eligibility" form which will replace the City of Manchester eligibility form created by the previous HR Analyst.
3. Expands the definition of family member beyond spouse, parent and child (as defined in the FMLA), to include "blood relatives or wards living in the same household", so that the City's FMLA Policy is consistent with City Ordinance 33.081 – Sick Leave, (D), which allows employees eligible for sick leave to use their sick leave (with Department Head approval) to care for their blood relatives or wards living in the same household when FMLA leave is approved.
4. Provides clarification regarding how and what type of paid leave (as permitted by the FMLA and required under the City's FMLA Policy) will be substituted for unpaid FMLA leave. Also states the City's practice (which was not included in the 2009 FMLA Policy) of limiting the substitution of paid sick leave for the birth of a child to 6 weeks for the mother's maternity disability, and 2 weeks for the father to provide care for the spouse's maternity disability, unless the mother's health care provider certifies that additional leave is required due to medical necessity.
5. Clarifies and strengthens the City's right to designate any leave that qualifies as FMLA leave, regardless of whether the employee requests FMLA leave.
6. Corrects an inaccurate statement that Military Exigency Leave is not available for family members of a member of a regular component of the Armed Forces being deployed to a contingency operation in a foreign country.
7. Completely replaces the "Administrative Process" section of the 2009 policy, due to the replacement of all City of Manchester FMLA Notice and Certification forms with the Federal Wage & Hour Division recommended forms.

8. Corrects and clarifies the definition of a “Covered Service Member” under Qualifying Exigency Leave. As previously indicated, a member of a regular component of the Armed Forces being deployed to a contingency operation in a foreign country is a covered service member under Qualifying Exigency Leave.
9. Corrects and clarifies the definition of a “Covered Service Member” under Military Caregiver Leave to include honorably discharged veterans, and provides a definition of “serious injury or illness” and “outpatient status” that was not included in the 2009 FMLA Policy.
10. Adds the following statement to the requirement that employees on Intermittent FMLA Leave consult with their Department Head to work out a mutually agreeable schedule: “The FMLA Administrator will provide guidance and assistance as requested”.



City of Manchester

Family and Medical Leave Policy

October, 2012

**CITY OF MANCHESTER
FAMILY AND MEDICAL LEAVE POLICY**

Guidance regarding this policy will be provided by the Human Resources Department, One City Hall Plaza, Manchester, NH. Tel: 624-6543.

The City reserves the right to make changes to this policy in order to comply with changes in the Family and Medical Leave Act of 1992 (the FMLA), and/or court decisions which may affect the language of this policy. This policy has been updated to comply with new FMLA regulations that became effective in 2009 and 2010. The changes to the City FMLA Policy incorporate revisions to the FMLA, including leave due to a qualifying military exigency and leave to care for a "covered military service member" (including veterans) with a serious injury or illness.

Policy Statement

It is the policy of the City of Manchester to grant up to 12 weeks of leave during a 12-month period to eligible employees for the birth, adoption, or placement into foster care of a child, for the serious health condition of specified family members, the employee's own serious health condition or for a qualifying military exigency. The City grants up to 26 weeks of leave during a 12-month period when leave is taken by a spouse, son, daughter, parent or next of kin to care for a seriously ill or injured "covered service member" (see "Military-Related FMLA Leave"). FMLA leave will be paid, unpaid, or a combination of both, depending on the circumstances as specified in the City of Manchester Family and Medical Leave Policy (see "Substitution of Accrued Paid Leave"). The Family and Medical Leave Policy will be administered by the City's FMLA Administrator.

①

Eligibility

An employee is eligible for FMLA leave if he/she has been employed by the City for at least 12 months, and has worked at least 1,250 hours (does not include any paid or unpaid time off) in the 12-month period immediately preceding the request for leave. The twelve months do not need to be consecutive and may be based on separate periods of employment as specified in FMLA regulations. Once the FMLA Administrator has made a determination as to whether an employee is eligible for FMLA leave, the FMLA Administrator will advise the employee of the determination, his/her rights and obligations under the FMLA, as well as the consequences of failing to meet such obligations. (see "Notice to the Employee Regarding Eligibility for FMLA Leave").

②

Leave Entitlement

An eligible employee is entitled to up to 12 weeks of unpaid leave (26 weeks for military caregiver leave) within a 12-month period for any of the following reasons:

- A. The birth of a child of the employee and to care for the newborn child;
- B. The placement with the employee of a child for adoption or foster care;
- C. To provide care for the employee's spouse, child, parent or other blood relative or ward (residing in the same household) with a serious health condition;

③

- D. To take medical leave when the employee is unable to perform any of the essential functions of the position due to a serious health condition;
- E. A qualifying military-related exigency arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or has been notified of an impending call or order to active duty in support of a contingency operation (see Military-Related FMLA Leave);
- F. To provide care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered service member (see "Military-Related FMLA Leave").

The 12-Month Period

The 12-month period is measured forward from the date an employee's first FMLA leave begins. The next 12-month period begins the first day FMLA leave is taken after completion of any previous 12-month period.

In the case of leave taken to care for a covered service member with a serious injury or illness, an employee who does not take all 26 workweeks of leave to care for the covered service member during the single 12-month period, will forfeit any remaining military caregiver leave.

Substitution of Accrued Paid Leave

As allowed under the FMLA, the City requires the substitution of accrued paid leave for unpaid FMLA leave time, as follows:

- Accrued sick (and/or sick leave bank credits, if awarded), vacation, and personal leave (if applicable), in that order, will be substituted for unpaid FMLA leave when leave is taken for the employee's own serious health condition. Employees eligible for sick leave have the option of using such sick leave, upon approval of his/her department or office head, for absence due to the serious health condition of a spouse, child or other blood relative or ward residing in the same household when FMLA leave is approved, or may use other accrued paid leave such as Vacation or Personal leave*.

* Note: The City will allow the substitution of paid sick leave for the mother during the period of maternity disability, typically up to 6 weeks, unless the mother's health care provider certifies that additional leave is required due to medical necessity, and will allow 2 weeks of paid sick leave to be substituted for unpaid FMLA leave for the father to provide care for the spouse (residing in the same household), unless the mother's health care provider certifies that additional leave is required due to medical necessity.

- Accrued vacation, then personal leave (if applicable), in that order, will be substituted for the unpaid FMLA leave in the case of parental care for and bonding with a newborn child, the adoption of a child, the placement of a foster child, to provide care for a parent, spouse or child who does not reside in the employee's household, or for a qualifying military exigency.
- Up to 26 weeks of leave may be taken during a single 12-month period by a spouse, son, daughter, parent or next of kin, to care for a covered service member 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. Note that up to 12 weeks of accrued sick leave, vacation or personal leave, if awarded, will be substituted for unpaid FMLA

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leave when leave is taken for this purpose. Accrued vacation and personal leave will be substituted for the remaining 14 weeks prior to going on unpaid leave.

- In no case can use of leave be credited as **FMLA leave** after leave has ended and employee has returned to work.

Retention of Health Benefits

While an employee is on FMLA leave, the City will continue to provide health care coverage (medical and/or dental) to the employee who has such coverage, so long as the employee continues to pay his/her portion of the monthly health care premium(s). An employee who is on unpaid FMLA leave status must forward payment for his/her portion of the monthly health care premium(s) by the 15th of the month for which the premium is due.

The City's obligation to maintain health insurance coverage ceases if an employee's share of the premium is more than 30 days late.

Maintaining Benefits Other Than Health Care

While an employee is on paid FMLA leave, all benefits to which the employee would normally be entitled will continue.

When an employee is on unpaid FMLA leave for more than 10 calendar days in a month, he/she will not accrue benefits, for example, vacation, sick leave, personal leave, etc.

FMLA leave time is considered continued service for purposes of pension vesting and seniority.

Right to Reinstatement

Upon return from FMLA leave an employee is entitled to be reinstated to his/her previous job or to a position with equivalent pay, benefits and substantially equivalent duties.

An employee on FMLA leave has no greater or lesser right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed during the FMLA leave period, except if the FMLA leave is on a non-paid status, then such unpaid time shall not count towards seniority and benefit calculations as determined by existing policies. Therefore, an employee whose position is eliminated or who is laid off while he/she is on FMLA leave is not entitled to be reinstated upon completion of the FMLA leave.

Designation of FMLA leave

It is the City's responsibility and right to designate leave as FMLA leave. FMLA leave may be designated upon request by the employee, or when the City has sufficient information concerning the leave status of an employee to presume that the employee has a qualifying serious health condition as defined under the FMLA. The City's FMLA Administrator will request and obtain sufficient information from the employee to determine whether the leave qualifies as FMLA leave, to include a medical certification from the employee's or family member's health care provider. In addition, the FMLA Administrator or a physician authorized by the City may contact the health care provider for purposes of clarification and authentication of the medical certification (whether

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initial certification or recertification) after the City has given the employee an opportunity to cure any deficiencies with the certification as set forth in the FMLA regulations. Once the FMLA Administrator has determined that leave qualifies as FMLA leave, the employee will be notified that the leave is approved for FMLA leave and will be counted towards the employee's FMLA leave entitlement (see "Notice to the Employee Regarding the Designation of FMLA Leave").

Notice and Medical Certification

When requesting FMLA leave employees will be required to provide:

1. Sufficient information to determine if the requested leave may qualify for FMLA leave protection and the anticipated timing and duration of the leave. Sufficient information may include the inability to perform job functions, a family member's inability to perform daily activities or other need for care by the employee, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees must also inform the City if the requested leave is for a reason for which FMLA leave was previously approved and taken (see "Request for FMLA Leave" form).

If the need for the leave is foreseeable, this information must be provided 30 days in advance of the anticipated beginning date of the leave. If the need for leave is not foreseeable, this information must be provided as soon as is practicable and in compliance with the City's normal call-in procedures, absent unusual circumstances.

2. Medical certification supporting the need for leave due to a serious condition affecting the employee or an employee's immediate family member must be provided within 15 calendar days of the City's request to provide the certification (additional time may be permitted in some circumstances). If the employee fails to do so, the City may delay the commencement of FMLA leave, withdraw any designation of FMLA leave or deny the leave, in which case the leave of absence would be treated in accordance with our standard leave of absence and attendance policies. Second or third medical opinions and periodic re-certifications may also be required
3. Periodic reports (at least every 30 days) during the leave to the Department Head regarding the status of the employee's leave and intent to return to work.
4. Medical certification of fitness for duty before returning to work, if the leave was due to the employee's serious health condition. The City will require this certification to address whether the employee can perform the essential functions of his/her position.

Again, failure to comply with the foregoing requirements may result in delay or denial of FMLA leave.

Serious Health Condition

An employee is entitled to take FMLA leave if he/she suffers from a serious health condition that prevents him/her from performing the essential functions of his/her job, or if he/she is needed to provide care for a family member with a serious health condition. A serious health condition is defined as an illness, injury, impairment, or physical or mental condition that involves:

- any period of incapacity or treatment connected with inpatient care--for example, an overnight stay in a hospital, hospice, or residential medical care facility; or
- any period of incapacity requiring absence of more than 3 calendar days from work, school, or other regular daily activities, and which also involves: (1) two visits to a health care provider, which must occur within 30 days of the beginning of the period of incapacity *unless* extenuating circumstances exist preventing a follow-up visit from occurring as planned by the health care provider; or (2) one visit to a health care provider *and* a regimen of continuing treatment, such as prescription medication. In both cases, the first (or only) in-person treatment must occur within seven (7) days of the first day of incapacity; or
- prenatal care, complications with pregnancy, giving birth, recovery from birth; or
- continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if left un-treated, would likely result in a period of incapacity of more than 3 calendar days. For chronic conditions requiring periodic visits for treatment, such visits must take place at least twice a year.
- an injury or illness incurred by a service member (including a member of the National Guard or Reserves) in the line of duty on active duty in the Armed forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Note: Questions about what illnesses are covered under this policy should be directed to the Human Resources Department.

Medical Certification

The City requires an employee to submit medical certification from a health care provider showing that the employee or family member has a serious health condition that qualifies for FMLA leave. Such medical certification must be provided to the Human Resources Department within 15 days from the date the employee receives the certification form, unless it is not practicable due to circumstances beyond the employee's control and despite the good faith efforts of the employee to obtain the certification.

The medical certification must be complete and sufficient. A certification is considered incomplete if one or more of the applicable entries have not been completed. A certification is considered insufficient if the information provided is vague, ambiguous, or non-responsive. The need for leave must be documented by the employee's or family member's treating healthcare provider through our medical certification process (see definition of "serious health condition").

The FMLA Administrator may request a second opinion with a provider of the City's choice, at the City's expense. If the initial and subsequent opinions conflict, the City has the option to require the employee to obtain certification from a third health care provider, again at the City's expense. The third opinion is final and binding. The third health care provider must be approved jointly by the FMLA Administrator and the employee.

Recertification

The City requires recertification every 30 days while the employee is on leave, unless the medical certification indicates that the minimum duration of the condition is more than 30 days. Recertification may be requested earlier when:

- The employee requests an extension of the leave; or
- Circumstances described by the original certification have changed significantly (e.g., the duration of the illness, the nature of the illness); or
- The City receives information that casts doubt upon the continuing validity of the certification. In all cases, the City requires recertification every 6 months while the employee is on leave.

Confidentiality of Medical Records

Records and documents relating to medical certifications, recertification or medical histories of employees or employees' family members shall be maintained at the Human Resources Department, in files/records separate from the employee's personnel file, and treated as confidential medical records, except that

1. Supervisors and managers may be informed regarding necessary restrictions on the work or duties of an employee and necessary accommodations;
2. First aid and safety personnel may be informed (when appropriate) if the employee's physical or medical condition might require emergency treatment; and
3. Government officials investigating compliance with FMLA (or other pertinent laws) shall be provided relevant information upon request.

Fitness-for-Duty Certification

When an employee who has been on FMLA medical leave (due to his/her serious health condition) is ready to return to work, the City will require a fitness-for-duty certification, signed by the employee's health care provider, prior to the start of work, stating that the employee is able to return to work.

If the employee decides not to return to work at the end of his/her FMLA medical leave because he/she has not recovered from his/her serious health condition, the FMLA Administrator may verify that the employee is unable to return to work by requesting another medical certification.

Other Employment and Overtime

Because the purpose of FMLA is to allow an employee to help balance work and family life by taking reasonable leave to meet personal and family obligations and to tend to vital needs at home, the acceptance or continuance of other employment during a consecutive FMLA Leave period is inconsistent with the purpose of FMLA. For this reason, the acceptance or continuation of other employment, including overtime and outside details, during any consecutive FMLA Leave period is prohibited. If an employee on FMLA leave violates this provision, the employee will be subject to disciplinary action.

Employees taking intermittent leave or a reduced-leave schedule may continue other employment during the FMLA leave periods; however, employees must give priority to the efficient operations of the City and their department, as opposed to those of the second employer, when scheduling the FMLA leave.

Health Care Provider

A person who qualifies as a "health care provider" is responsible for issuing certification of an employee or family member's illness. See "Definitions" for a more detailed definition of "Health Care Provider."

Intermittent and Reduced Schedule Leave

An employee has the right to take FMLA medical leave on a reduced schedule or intermittent leave basis for the employee's serious health condition or to care for a family member with a serious health condition, if the intermittent or reduced leave is "medically necessary" and such medical leave can be best accommodated through an intermittent or reduced leave schedule as certified by a health care provider.

- A reduced leave schedule consists of a reduction in either the normal hours per day or hours per week that an employee works.
- Intermittent leave is leave taken at varying times of the week or day. It may be taken in blocks as small as one hour.

To qualify, the employee or family member must have a serious health condition and the intermittent leave or reduced leave schedule must be certified as medically necessary by a health care provider. Employees who take intermittent leave for planned medical treatment have an obligation to make a "reasonable effort" to schedule treatment so as not to unduly disrupt their department's operations.

A mother or father who takes FMLA family leave to care for his/her newborn or adopted child or recently placed foster care child, who does not have a serious health condition, may take leave intermittently or on a reduced leave schedule with the agreement of the Department Head.

If an employee is taking intermittent leave, the City may temporarily transfer the employee to an available alternative position for which the employee is qualified and which better accommodates recurring periods of leave. The alternative position must have equivalent pay and benefits but need not have equivalent duties. Benefits such as vacation and sick leave accrual will be reduced proportionately based on the number of hours worked.

Leave for Purposes Not Covered Under FMLA

If an employee requests and is granted authorized leave for a purpose that does not qualify as FMLA leave (e.g., leave to care for a parent-in-law, or a blood relative other than a Spouse, Child or Parent who does not live in the same household), that leave time will not be charged against the 12-week FMLA entitlement. Thus, an employee who takes two weeks of authorized vacation leave to care for a parent-in-law will still have 12 weeks of FMLA leave remaining when he/she returns from the vacation leave.

Employee's Notice of No Intent to Return to Work

If an employee unequivocally advises his/her Department Head that he/she does not intend to return to work, or fails to return to work (without having been granted additional leave), without good reason, at the conclusion of the FMLA medical leave, the employment relationship is deemed terminated, and the employee's entitlement to reinstatement, continued leave, and health benefits (subject to COBRA) ceases. Also, the City is entitled to recover its cost of the health care premium (while on unpaid leave) directly from the employee.

"Good reason" in this case would be because of the continuation, recurrence, or onset of the employee's or family member's serious health condition, or circumstances beyond the employee's control.

Spouses Employed By the City

A husband and wife who are eligible for FMLA leave and are both employed by the City of Manchester are permitted to take no more than a combined total of 12 weeks of FMLA leave for the birth or adoption of a child, the placement of a foster care child, or the care of a family member with a serious health condition.

Each will, however, be entitled to the difference between the amount he or she has taken individually and 12 weeks, for his/her personal qualifying serious health condition within the same 12-month period.

Worker's Compensation Absences

An employee on a leave of absence due to worker's compensation status will have that time charged against his/her 12-week FMLA entitlement if the employee's illness/injury qualifies as a serious health condition as defined under the FMLA.

Fraudulently Taking FMLA Leave

An employee who fraudulently obtains FMLA leave is not protected by the FMLA's job restoration or maintenance of health benefits provisions and may be subject to disciplinary action up to and including discharge.

Military-Related FMLA Leave

FMLA leave may also be available to eligible employees in connection with certain service-related medical and non-medical needs of family members. There are two forms of such leave. The first is Military Caregiver Leave, and the second is Qualifying Exigency Leave. Each of these leaves is detailed below.

Military Caregiver Leave

Military Caregiver Leave is designed to allow eligible employees to care for certain family members who have sustained serious injuries or illnesses in the line of duty while on active duty. The military family member must be a "covered service member," which means: (1) a current member of the regular Armed Forces, National Guard or Reserves, (2) who is undergoing medical treatment,

recuperation, or therapy; is otherwise in outpatient status, or is otherwise on the temporary disability retired list, (3) for a serious injury or illness that may render the service member medically unfit to perform the duties of the member's office, grade, rank, or rating. Military Caregiver leave is also available to care for veterans of the regular Armed Forces or the National Guard or Reserves (see definition of "Covered Service Member").

Military Caregiver Leave applies on a per-injury/per-illness basis for each service member. Consequently, an eligible employee may take separate periods of caregiver leave for each and every covered service member, and/or for each and every serious injury or illness of the same covered service member. A total of no more than 26 workweeks of Military Caregiver Leave, however, may be taken within any "single 12-month period."

Within the "single 12-month period" described above, an eligible employee may take a combined total of 26 weeks of FMLA leave including up to 12 weeks of leave for any other FMLA-qualifying reason (i.e. birth or adoption of a child, serious health condition of the employee or close family member, or a qualifying exigency). For example, during the "single 12-month period," an eligible employee may take up to 16 weeks of FMLA leave to care for a covered service member when combined with up to 10 weeks of FMLA leave to care for a newborn child.

An employee seeking Military Caregiver Leave is required to provide a Certification for Leave to Care for a Covered Service Member Form completed by an authorized health care provider, an Invitational Travel Orders (ITOs) or Invitational Travel Authorization (ITAs). Confirmation of the family relationship to the seriously injured or ill covered service member will be required when an employee supports his or her request for FMLA leave with a copy of an ITO or ITA.

Qualifying Exigency Leave

Eligible employees may take unpaid "Qualifying Exigency Leave" to tend to certain "exigencies" arising out of active duty or a call or order to active duty of a "covered military member". Up to 12 weeks of Qualifying Exigency Leave is available in any 12-month period, as measured by the same method that governs measurement of other forms of FMLA leave within the FMLA policy. Although Qualifying Exigency leave may be combined with leave for other FMLA-qualifying reasons, under no circumstances may the combined total exceed 12 weeks in any 12-month period (with the exception of Military Caregiver Leave as set forth above).

Under recent amendments to the FMLA, an eligible employee who is the spouse, son, daughter, or parent of a covered military member, may take qualifying exigency leave to attend to any qualifying exigency while the covered military member is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation as either of the following:

- 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.
- A member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty.

The Department of Labor has defined a **qualifying exigency** by referring to a number of broad categories in which employees can use FMLA leave, including the following:

- *Short-notice deployment*: to address any issue that arises out of short notice (with seven days or less) of an impending call or order to active duty

- *Military events and related activities:* to attend any official military ceremony, program, or event related to active duty or a call to active duty status or to attend certain family support or assistance programs and informational briefings.
- *Childcare and School activities:* To arrange for alternative childcare; to provide childcare on a urgent, immediate need basis; to enroll in or transfer to a new school or daycare facility; or to attend meeting with staff at a school or daycare facility.
- *Financial and legal arrangements:* to make or update various financial or legal arrangements; or to act as the covered military member's representative before a federal, state, or local agency in connection with service benefits
- *Counseling:* to attend counseling (by someone other than a health care provider) for the employee, the covered military member, or for a child or dependent when necessary as a result of duty under a call or order to active duty.
- *Temporary rest and recuperation:* to spend time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may take up to five days of leave for each instance of rest and recuperation.
- *Post-Deployment activities:* to attend arrival ceremonies, reintegration briefings and events, and any other official ceremony or program sponsored by the military for a period of up to 90 days following termination of the covered military member's active duty status. This also encompasses leave to address issues that arise from the death of a covered military member while on active duty status.
- *Mutually agreed leave:* Other events that arise from the close family member's duty under a call or order to active duty, providing that the City and the employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of such leave.

An employee seeking Qualifying Exigency Leave is required 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 active duty or call to active duty status in support of a contingency operation, and the dates of the covered military member's active duty service, a statement setting forth the nature and details of the specific exigency, the amount of leave needed and the employee's relationship with the military member, within 15 days.

Qualifying Military Caregiver and Exigency Leaves will be governed by, and handled in accordance with the FMLA and applicable regulations and nothing within this policy should be construed to be inconsistent with those regulations.

Recordkeeping

The City will keep a record of an employee's FMLA-related leaves for at least 3 years.

Note: More specific information regarding the records which will be maintained is contained under "Records Maintenance."

FMLA Administrative Process

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Employees shall notify their Department Head (or designee) regarding the need for FMLA leave. The Department Head (or designee) will notify the Human Resources Department as soon as possible regarding the employee's request.

- ▶ **City of Manchester FMLA Request Form** should be completed by the employee requesting FMLA leave.
(see Attachment 1)
- ▶ **Certification for Employee's Serious Health Condition Form** should be completed by the employee's health care provider and submitted to the Human Resources Department no later than 15 days following the request for FMLA leave.
(see Attachment 2)
- ▶ **Certification for Family Member's Serious Health Condition Form** should be completed by the family member's health care provider when taking FMLA leave to provide care for a family member.
(see Attachment 3)
- ▶ **Certification for Serious Health Condition of Covered Service Member Form** should be completed by an authorized health care provider as defined in the FMLA Military Caregiver Leave provisions. An Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) will also satisfy this certification requirement. Family members may also be required to provide confirmation of the family member's relationship to the seriously injured or ill service member.
(see Attachment 4)
- ▶ **Certification of Qualifying Exigency For Military Family Leave Form** should be completed by the employee family member of the covered military service member. Employee family members will also be required to submit a copy of the covered military member's active duty orders and other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation.
(see Attachment 5)

Note: An employee may lose his/her protection under the law by failing to comply with applicable notice and/or certification requirements.

Notice to the Employee Regarding Eligibility for FMLA Leave.

Upon receipt of a request for FMLA Leave by the FMLA Administrator, the employee will receive a completed **Notice of Eligibility and Rights and Responsibilities Form**. This form will indicate whether the employee is eligible for FMLA leave, and if so, the rights and obligations of the employee and employer.
(see Attachment 6)

Notice to the Employee Regarding the Designation of FMLA Leave.

Once all required certifications/supporting documentation has been received and reviewed by the FMLA Administrator, the employee will receive a completed **FMLA Designation Notice Form**, which will indicate whether the employee's request for FMLA leave has been approved. The form

will also specify additional requirements while on FMLA leave, or whether additional information is required to determine if the leave qualifies as FMLA leave.
(see Attachment 7)

DEFINITIONS

Family Members

- Spouse: as defined or recognized under New Hampshire state law;
- Child: a biological, adopted, or foster care child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and “incapable of self-care because of a mental or physical disability”; or
- Parent: a biological parent or an individual who stands or stood “in loco parentis” to an employee when the employee was a child. This does not include parents-in-law.
- In Loco Parentis: an individual who has/had day-to-day responsibility to care for and financially support that child. A biological or legal relationship is not necessary.
- Next of kin of a covered service member: 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 purposes of military caregiver leave under the FMLA.

Covered Service Member – Qualifying Exigency Leave

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- A military member who is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation as either of the following:
 - 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.
 - A member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty.

Covered Service Member – Military Caregiver Leave

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- A **covered service member** is both of the following:
 - A 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.
 - A veteran who is undergoing medical treatment, recuperation, or therapy, for a 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 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

- A **veteran** is a person who served in the active military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable.
- A **serious injury or illness** is both of the following:
 - In the case of a member of the Armed Forces (including a member of the National Guard or Reserves), an injury or illness that was incurred by the member in 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 line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.
 - 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 years preceding the date on which the veteran undergoes medical treatment, recuperation, or therapy, has a qualifying injury or illness that was incurred by the member in 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 line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.
- **Outpatient status** means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient, or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Health Care Provider

A health care provider is defined as a licensed doctor of medicine or osteopathy, authorized to practice medicine or surgery by the state in which the doctor practices; or any others capable of providing health care services including only: 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, and performing within the scope of his/her practice, under state law; or licensed nurse practitioners, nurse-midwives, physician assistants, and clinical social workers authorized to practice and performing within the scope of their practice as defined under state law; or Christian Science practitioners listed with the First Church of Christ, Scientist, in Boston, Massachusetts; or any health care provider from whom the City or the City's group health plans' benefits managers will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and a health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his/her practice as defined under such law.

Serious Health Condition

For purposes of the FMLA, "serious health condition" entitling an employee to FMLA leave means an illness, injury, impairment, or physical or mental condition that involves:

- 1) Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (for purposes of this section, defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment there for, or recovery there from), or any subsequent treatment in connection with such inpatient care; 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, attend school or perform other regular daily activities due to the serious health condition, treatment there for, or recovery there from) of more than three consecutive calendar days from work, school, or other regular daily activities, and which also involve: (1) two visits to a health care provider, which must occur within 30 days of the beginning of the period of incapacity unless extenuating circumstances exist preventing a follow-up visit from occurring as planned by the health care provider; or (2), one visit to a health care provider and a regimen of continuing treatment such as a prescription. In both cases, the first (or only) in-person treatment must occur within seven (7) days of the first day of incapacity.
 - b) any period of incapacity due to pregnancy, or for prenatal care.
 - c) continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if left un-treated, would likely result in a period of incapacity of more than 3 calendar days. For chronic conditions requiring periodic visits for treatment, such visits must take place at least twice a year.
 - d) an injury or illness incurred by a service member (including a member of the National Guard or Reserves) in the line of duty on active duty in the Armed forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), enacted April 7, 1986, most employers who sponsor group health insurance plans are required to offer covered employees and their dependents the chance to extend their health coverage for a specified period of time at group rates under certain circumstances when insurance coverage would otherwise end.

Records Maintenance

The following records must be maintained:

1. Basic payroll and identifying employee data, including name, address, and occupation; rate or basis of pay and terms of compensation; daily and weekly hours worked per pay period; additions to or deductions from wages; and total compensation paid.
2. Dates FMLA leave is taken by FMLA eligible employees (e.g., available from time records, requests for leave, etc., if so designated). Leave must be designated in records as FMLA leave; leave so designated may not include leave required under State law or an employer plan which is not also covered by FMLA.
3. If FMLA leave is taken by eligible employees in increments of less than one full day, the hours of FMLA leave must be recorded.
4. Copies of employee notices of leave furnished to the employer under FMLA, if in writing, and copies of all general and specific written notices given to employees as required under FMLA and the associated regulations. Copies may be maintained in employee personnel files.
5. Any documents (including written and electronic records) describing employee benefits or employer policies and practices regarding the taking of paid and unpaid leaves.
6. Premium payments of employee benefits.
7. Records of any dispute between the employer and an eligible employee regarding designation of leave as FMLA leave, including any written statement from the employer or employee of the reasons for the designation and for the disagreement.

For employees not covered by or exempt from the Fair Labor Standards Act (FLSA), the City need not keep a record of actual hours worked provided that:

1. Eligibility for FMLA leave is presumed for any employee who has been employed for at least 12 months; and
2. With respect to employees who take FMLA leave intermittently or on a reduced leave schedule, the employer and employee agree on the employee's normal schedule or average hours worked each week and reduce their agreement to a written record.

Records and documents relating to medical certifications, recertifications or medical histories of employees or family members, created for purposes of FMLA, shall be maintained as confidential medical records in separate files/records from the usual personnel files, except that:

1. Supervisors and managers may be informed regarding necessary restrictions on the work or duties of an employee and necessary accommodations;
2. First aid and safety personnel may be informed (when appropriate) if the employee's physical or medical condition might require emergency treatment; and
3. Government officials investigating compliance with FMLA shall be provided relevant information upon request.

City of Manchester FMLA Policy Responsibilities and Procedures

Purpose

To outline Employee, Department Head and Human Resources Department responsibilities relative to the City's Family and Medical Leave Policy.

Procedures

FMLA Administrator/Human Resources Department Responsibilities

- Review employee requests for FMLA leave and provide Employees and Department Heads with a determination on employee's eligibility for FMLA leave and if the leave qualifies for FMLA status.
- Provide Department Heads and others with up-to-date information and guidance on FMLA issues and/or changes in the law.
- Provide appropriate FMLA forms, fact sheets and posters to Departments for posting and/or employee use.
- Advise employees of their rights and obligations under the law, as well as the consequences of failing to meet obligations
- Within five business days of an employee requesting leave, absent extenuating circumstances, provide notification to the employee of their eligibility for FMLA leave.
- When the FMLA Administrator has enough information to determine whether the leave is being taken for a FMLA-qualifying reason (for example, after receiving a certification), notify the employee whether the leave will be designated and will be counted as FMLA leave within five business days, absent extenuating circumstances.
- If the leave is not granted, advise the employee of the reasons why the leave request was not granted
- Ensure that appropriate medical certification, recertification and fitness-for-duty certification is provided by the employee within the specified time periods, as outlined in the City's Family and Medical Leave Policy
- Maintain records and documents relating to medical certifications, recertifications, or other medical information for employees or employees' family members in files separate from employee personnel files/records. These records will be treated as confidential, except as provided for in the City's Family and Medical Leave Policy and will be maintained for at least 3 years.
- Inform other City Departments and others with a need to know, that leave has been designated as FMLA leave.
- Assure health benefits continue through the leave period.

- Assure the appropriate designation of leave on payroll records
- Provide notice to the employee on FMLA leave of any opportunity to change health plans or benefits, when such an opportunity exists.

Employing Department Responsibilities

- At the time leave is requested by the employee, or if an employee is absent from work more than 3 days due to his/her illness or injury, the Department Head, Division Manager and/or immediate supervisor must notify the Human Resources Department immediately so that a determination can be made as to whether the employee is eligible for FMLA leave and whether the leave qualifies as FMLA leave.
- Post FMLA notices that can be readily seen by employees, and make FMLA information and forms available to employees (such as request and certification forms).
- Reinstate the employee to his/her previous job or to an equivalent position, with the same pay, benefits and duties (or substantially the same duties), upon the employee's return to work from FMLA leave.
- Properly record all hours taken as approved FMLA leave in the Payroll system, including intermittent and/or reduced schedule FMLA leave.

Employee Responsibility

- An employee is required to complete the City of Manchester FMLA Request Form and submit it to his/her Department Head at least 30 days in advance whenever the leave is foreseeable, including planned medical treatment for serious injury or illness of a covered service member unless not practical. In the case of unforeseen leave, the employee is required to complete the FMLA Request Form as soon as possible, usually within one or two days of becoming aware of the need for FMLA leave. In the event that the employee does not provide 30 days notice, the FMLA Administrator may ask the employee to explain the reasons why providing such notice was not practicable. Late notice may be grounds for denial of requested FMLA leave. When foreseeable leave is due to a qualifying exigency, notice must be provided as soon as practicable regardless of how far in advance leave was foreseeable.
- An employee is required to provide medical certification showing that he/she or a family member has a serious health condition that qualifies for FMLA leave. The medical certification must be provided to the Human Resources Department/FMLA Administrator within 15 days from the date of the request for leave, or in the case of an emergency, as soon as practicable after the 15 days. The employee must also provide periodic recertification as noted in this policy during the course of the employee's leave. If the request for the leave is as a result of the employee's serious health condition, the employee's class specification (job description) will be attached to the certification form when it is submitted to the employee's health care provider for completion.
- An employee on FMLA leave must report, to his/her Department Head (or designee) and/or the FMLA Administrator, every 30 days regarding his/her leave status and intention as to when the employee will be returning to work.

- Prior to the start of work, the employee must provide his/her Department Head (or designee) and/or the FMLA Administrator with a "Fitness for Duty" letter from his/her health care provider, stating he/she is able to return to work.
- If the employee normally pays a portion of the health care premium(s) the City requires that the employee continues to pay the premium(s). If an employee fails to pay the premium for more than 30 days after the date the premium is due, health care coverage will be discontinued.
- An employee must notify his/her Department Head (or designee) immediately if he/she does not intend to return to work.
- When requesting intermittent leave or a reduced schedule work week, consult with the Department Head (or designee) prior to the scheduling of treatment or leave in order to work out a schedule which best suits the needs of both the Department and the employee, subject to the approval of the health care provider. The FMLA Administrator will provide guidance and assistance as requested.

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CITY OF MANCHESTER

REQUEST FOR FAMILY AND MEDICAL LEAVE

Employee Name: _____ Department: _____

Regular Work Schedule (indicate the days and hours worked): _____

I request a family and medical leave under the provisions of the Family and Medical Leave Act (FMLA) and the City of Manchester's Family and Medical Leave Policy. My reason for the request is (please check below:)

_____ The birth of my child (Please check the reason for the requested leave).
I understand the City will require medical certification from a health care provider.

_____ Mother's pregnancy, delivery and post-partum recuperation

_____ Mother's or Father's care for and bonding with newborn child

Mother's due date: _____ (or child's date of birth)

_____ The placement of a child with me for adoption or foster care. I understand that I must provide a copy of the legal documents certifying this placement.

Child's date of placement: _____ (or anticipated date)

_____ The need to care for my (circle one) SPOUSE, CHILD, PARENT, BLOOD RELATIVE/WARD (living in same household) who has a serious health condition as defined under the FMLA. I understand the City will require medical certification from a health care provider.

_____ My own serious health condition as defined under the FMLA. I understand the City will require medical certification from a health care provider.

_____ To care for an injured or ill covered service member as defined under the FMLA. I understand the City will require medical certification from a health care provider.

_____ Exigencies as defined under the FMLA pertaining to a covered family member's spouse, child or parent on covered active duty or called to covered active duty with the armed forces, in support of a contingency operation as either of the following:

_____ 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. I understand the City will require certification of a qualifying exigency.

_____ A member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty. I understand the City will require certification of a qualifying exigency.

I understand that FMLA leave is unpaid, unless the employer requires that paid time off be taken prior to unpaid leave, and that I am entitled to take up to 12 weeks of FMLA leave (26 weeks for military caregiver leave), on a continuous or intermittent basis, during a 12 month period beginning on the first day of FMLA leave.

I am requesting a continuous leave of _____ days or _____ weeks, commencing on or about _____ and ending on _____.

I am requesting intermittent leave of _____ hours per day and/or _____ days per week, commencing on or about _____ and ending on _____.

I further understand that the City of Manchester FMLA Policy requires that I use all paid time (Sick, Vacation, Personal) prior to any unpaid FMLA leave. When FMLA leave is taken for my own or a family member's serious health condition, accumulated paid time will normally be taken in the order of Sick* (including Sick Bank credits if applicable), then Vacation, then Personal (if applicable). When FMLA leave is taken for parental bonding with a newborn child, the placement of a child due to adoption or foster care, or a qualifying military exigency, accumulated paid time will be taken in the order of Vacation, then Personal (if applicable).

* The City of Manchester FMLA Policy, per City Ordinance, provides for the option of using accumulated Sick leave, upon approval of the Department Head, for absence due to the illness or injury of a spouse, child, or other blood relative or ward residing in the same household, or using other accumulated paid leave such as Vacation or Personal time. Please indicate below the type of accumulated paid leave you are requesting for FMLA leave to provide care for a family member (blood relative) residing in your household (subject to approval of Department Head):

_____ SICK

_____ VACATION/PERSONAL

In order to continue my health benefits coverage while I am on FMLA leave I understand that I must continue to make the appropriate employee contributions. Information concerning when and how to make the contributions will be sent upon approval of FMLA leave.

This Request Form will not be considered valid unless signed by employee and Department Head (or designee).

Employee Signature

Date

Department Head (or designee) Signature

Date

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

U.S. Department of Labor Wage and Hour Division



OMB Control Number: 1235-0003 Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: 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. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to 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.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. 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 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.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: () _____ Fax: () _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. 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, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

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

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

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

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
___No ___Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ___No ___Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
___ No ___ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (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

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

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

U.S. Department of Labor Wage and Hour Division



OMB Control Number: 1235-0003 Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of 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.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. 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 coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No ___ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (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

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.

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

Certification for Serious Injury or
Illness of Covered Servicemember - -
for Military Family Leave (Family and
Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

Notice to the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. Employers must generally maintain records and documents relating to 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.

SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave INSTRUCTIONS to the EMPLOYEE or COVERED SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the 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. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty and that the covered servicemember is undergoing treatment for such injury or illness by a health care provider listed above. 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 coverage. Limit your responses to the condition for which the employee is seeking leave.

Certification for Serious Injury or Illness
of Covered Servicemember - - for
Military Family Leave (Family and
Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave: (This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for covered servicemember):

Name of Employee Requesting Leave to Care for Covered Servicemember:

First Middle Last

Name of Covered Servicemember (for whom employee is requesting leave to care):

First Middle Last

Relationship of Employee to Covered Servicemember Requesting Leave to Care:

Spouse Parent Son Daughter Next of Kin

Part B: COVERED SERVICEMEMBER INFORMATION

(1) Is the Covered Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? Yes No

If yes, please provide the covered servicemember's military branch, rank and unit currently assigned to:

Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)? Yes No If yes, please provide the name of the medical treatment facility or unit:

(2) Is the Covered Servicemember on the Temporary Disability Retired List (TDRL)? Yes No

Part C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER

Describe the Care to Be Provided to the Covered Servicemember and an Estimate of the Leave Needed to Provide the Care:

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address:

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider: _____

Telephone: () _____ Fax: () _____ Email: _____

PART B: MEDICAL STATUS

(1) Covered Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

(VSI) Very Seriously Ill/Injured – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

(SI) Seriously Ill/Injured – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

OTHER Ill/Injured – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

NONE OF THE ABOVE (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

(2) Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces? Yes No

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the covered servicemember undergoing medical treatment, recuperation, or therapy? Yes No. If yes, please describe medical treatment, recuperation or therapy:

PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

- (1) Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery? Yes No
If yes, estimate the beginning and ending dates for this period of time: _____
- (2) Will the covered servicemember require periodic follow-up treatment appointments?
 Yes No If yes, estimate the treatment schedule: _____
- (3) Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments? Yes No
- (4) Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes No If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider: _____ Date: _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.**

Certification of Qualifying Exigency
For Military Family Leave
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
 First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

 First Middle Last

Relationship of covered military member to you: _____

Period of covered military member's active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

- A copy of the covered military member's active duty orders is attached.
- Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached. Yes No None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? No Yes.

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

3. Will you need to be absent from work periodically to address this qualifying exigency? No Yes.

Estimate schedule of leave, including the dates of any scheduled meetings or appointments: _____

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours _____ day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Describe nature of meeting: _____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



OMB Control Number: 1235-0003 Expires: 2/28/2015

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

[Part A - NOTICE OF ELIGIBILITY]

TO: Employee
FROM: Employer Representative
DATE:

On _____, you informed us that you needed leave beginning on _____ for:

- The birth of a child, or placement of a child with you for adoption or foster care;
Your own serious health condition;
Because you are needed to care for your spouse; child; parent due to his/her serious health condition.
Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
Because you are the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
You have not met the FMLA's 12-month length of service requirement.
You have not met the FMLA's 1,250-hours-worked requirement.
You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.

- Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is/ is not enclosed.
Sufficient documentation to establish the required relationship between you and your family member.
Other information needed: _____

No additional information requested

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We _____ have/_____ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____ (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - _____ the calendar year (January – December).
 - _____ a fixed leave year based on _____
 - _____ the 12-month period measured forward from the date of your first FMLA leave usage.
 - _____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

_____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____

_____ Applicable conditions for use of paid leave: _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

_____ at _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003

Expires: 2/28/2015

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.
(Provide at least seven calendar days)

(Specify information needed to make the certification complete and sufficient)

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617, 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616, 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

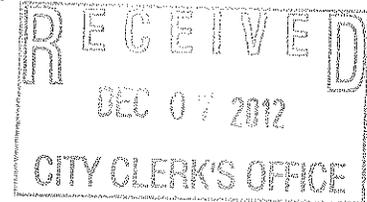
Form WH-382 January 2009

Chief of Police
David J. Mara
Assistant Chief
Gary T. Simmons



Commission
Richard M. Bunker
Woullard H. Lett
William M. Clifford
Eva Castillo-Turgeon
Mark E. Roy

CITY OF MANCHESTER
Police Department



December 4, 2012

Committee on Human Resources
Chairman William Shea
One City Hall Plaza
Manchester, NH 03101

Dear Chairman Shea and Committee;

We would request to be placed on the agenda at the next committee meeting to discuss military leave for employees currently enlisted as National Guard or Military Reservist.

It had been brought to our attention by some of our guard and reservist that the number of days allotted for paid leave for military training was considerably less than the requirements of the military to attend mandatory training throughout the training year.

At my request, patrolman Alan Aldenberg who holds the rank of Lieutenant Colonel with the National Guard drafted a letter concerning the number of days allotted by the city to attend training duties with their respective units. I have enclosed his letter which outlines the duties and responsibilities of today's members which has certainly changed considerably over the last several years.

Currently City Ordinance 33.080 provides for ten days of paid military leave per training year (October 1, to September 30) to engage in temporary active duty when such duty is in conflict with the employee's or officials work schedule.

In 2006 an amendment to the ordinance was created to read as follows; *In addition to the ten paid military days for training each training year (October 1 to September 30), said employees shall be eligible for five additional paid military days to attend funerals as assigned by the military.*

Conflict with an employee's duty is a regular concern of our guard and reservist given the unique schedule of police work.

With the additional commitments of today's military guard and reservist we believe our military personnel's concern has merit as it relates to those already committed to work for their current employer and then scheduled for military training.

Ralph Miller Public Safety Center
351 Chestnut Street • Manchester, New Hampshire 03101 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



At this point the city offers 10 days per year for military training and 5 additional days restricted to attend military funerals as assigned by the military. We have checked with other agencies around the state and determined that many agencies offer 15 days of paid military leave, with different options for military funerals.

I would ask the committee to consider changing its current allotment of 10 days to 20 days and offer the following suggestions to an ordinance change **(in bold)**;

33.080 (A) Any employee who holds a position that is expected to continue indefinitely or for a significant period of time or official of the city who is a member of the National Guard or of a reserve component of the armed forces of the United States shall be entitled to military leave when such duty is in conflict with the employee's or official's regular work schedule. Employees and officials who are eligible for paid time off shall be entitled to ten **(twenty)** days of paid military leave per training year (October 1 to September 30) to engage in temporary active duty **or to attend military funerals** as assigned by the military when such duty is in conflict with the employee's or official's work schedule.

(REMOVE) (1) In addition to the ten paid military days for training each training year (October 1 to September 30), said employees shall be eligible for five additional paid military days to attend military funerals as assigned by the military.

I look forward to discussing this at the next available committee meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "David J. Mara". The signature is fluid and cursive, with a long horizontal stroke at the end.

David J. Mara
Chief of Police

Chief of Police
David J. Mara
Assistant Chief
Gary T. Simmons



Commission
Richard M. Bunker
Jerome B. Duval
Wouliard H. Lett
William M. Clifford
Eva Castillo-Turgeon

CITY OF MANCHESTER
Police Department

7 November 2012

To: Chief David J. Mara
From: Officer Allen D. Aldenberg
Subject: Paid Military Leave

Sir:

The intent of this memorandum is to address the issue of paid military leave which is currently governed by city ordinance as opposed to being contractual. The current ordinance affords active members of the National Guard or the Reserves ten days of paid military leave from October 1 through September 30. On the surface such allocation may seem sufficient but I would caution anyone from taking this position and I offer that for a variety of reasons which I hope to articulate below.

It is very clear that the role of the National Guard and the Reserves has changed drastically since the events of 9/11. Since 9/11, the Army National Guard (ARNG) has had 487,856 Soldier mobilizations with many Soldiers deploying more than once. More than fifty percent of ARNG Soldiers are combat veterans and more than eighty percent joined the Army National Guard after 9/11. As I am sure you aware the National Guard is dual purposed in that they have both a state and federal mission. The incredible versatility of the National Guard enables its troops to respond to domestic emergencies, combat missions, counter drug efforts, reconstruction missions and more—all with equal speed, strength and efficiency. Whether the call is coming from the state governor or directly from the president of the United States, Guard and Reserve Soldiers are always ready and always there.

In order to truly understand the issue at hand I think it is important to have a working knowledge of what is required on a yearly basis by an active drilling member. At a minimum a member is required to complete 39 days a year and that is broken down by one weekend drill period per month (24 days) in addition to their annual training period which is for 15 days. Again, this is the bear minimum that is required. Keep in mind that the majority of units in today's operational tempo may begin their weekend drill on Friday and for my particular

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A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



unit this happens at a minimum four times a year.

The above mentioned days does not take in account those times that a member may be called into a state active duty status per the Governor in support of their state mission and this includes but not limited to natural disasters, humanitarian assistance, and support to local, state, and federal law enforcement. Also, as a member progresses through his/her career their are military education requirements that are prerequisites for attaining promotion and other positions of greater responsibility. The majority of these military educational schools are generally two weeks in length and again is completed above and beyond their required drill periods.

The majority of our members currently work the standard four and two schedule. Add this variable to the current allocation of ten paid military days and the negative result is that many of us are forced to use vacation time, personal days, arrange swaps and in some instances take non-paid military leave in order to fulfill our military commitment. I am certain that you would agree that the above mentioned scenarios are not preferred.

It is my hope that the above summarizes the issue at hand and if the opportunity arises I would be more than willing to speak in person with the Board of Aldermen. Thank you for your attention to this matter and I look to a resolution that is favorable to all parties involved.

Sincerely,

Allen D. Aldenberg

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director



Commission
Raymond Hebert
Harold Sullivan
Rick Rothwell
Bill Skouteris
Phil Hebert

CITY OF MANCHESTER

Highway Department

December 31, 2012

Alderman William Shea
Human Resources Committee Chair
Board of Mayor and Aldermen
One City Hall Plaza
Manchester, NH 03103

Re: Position Re-Classification

Alderman Shea:

Recently one of our Business Service Officers (Class Code 9225-22) retired. As with all positions which become vacant we review current needs along with the requirements for the position.

Within our new facility we have consolidated and reorganized the Parks, Recreation, and Cemetery, Facilities, and Highway Divisions' administrative staff. The attached Chart 1 depicts the past organizational structure and Chart 2 shows the proposed organizational structure for the Administration section.

I am hereby requesting that I be allowed to eliminate one Business Service Officer (Class Code 9225-22) position and add one Financial Analyst I position (Class Code 2070-19) to our compliment of employees. This person will be responsible for oversight of all personnel matters, including daily and weekly payroll, personnel matters, AFSCME contract administration, work orders, and customer service.

Thank you. I will be available at your next Committee meeting should you have any questions pertaining to this matter.

Sincerely,

For Kevin A. Sheppard, P.E.
Public Works Director

Cc: Mayor Gatsas
Ms. Jane Gile
Mr. Timothy Clougherty
Mr. Don Pinard

Organizational Chart

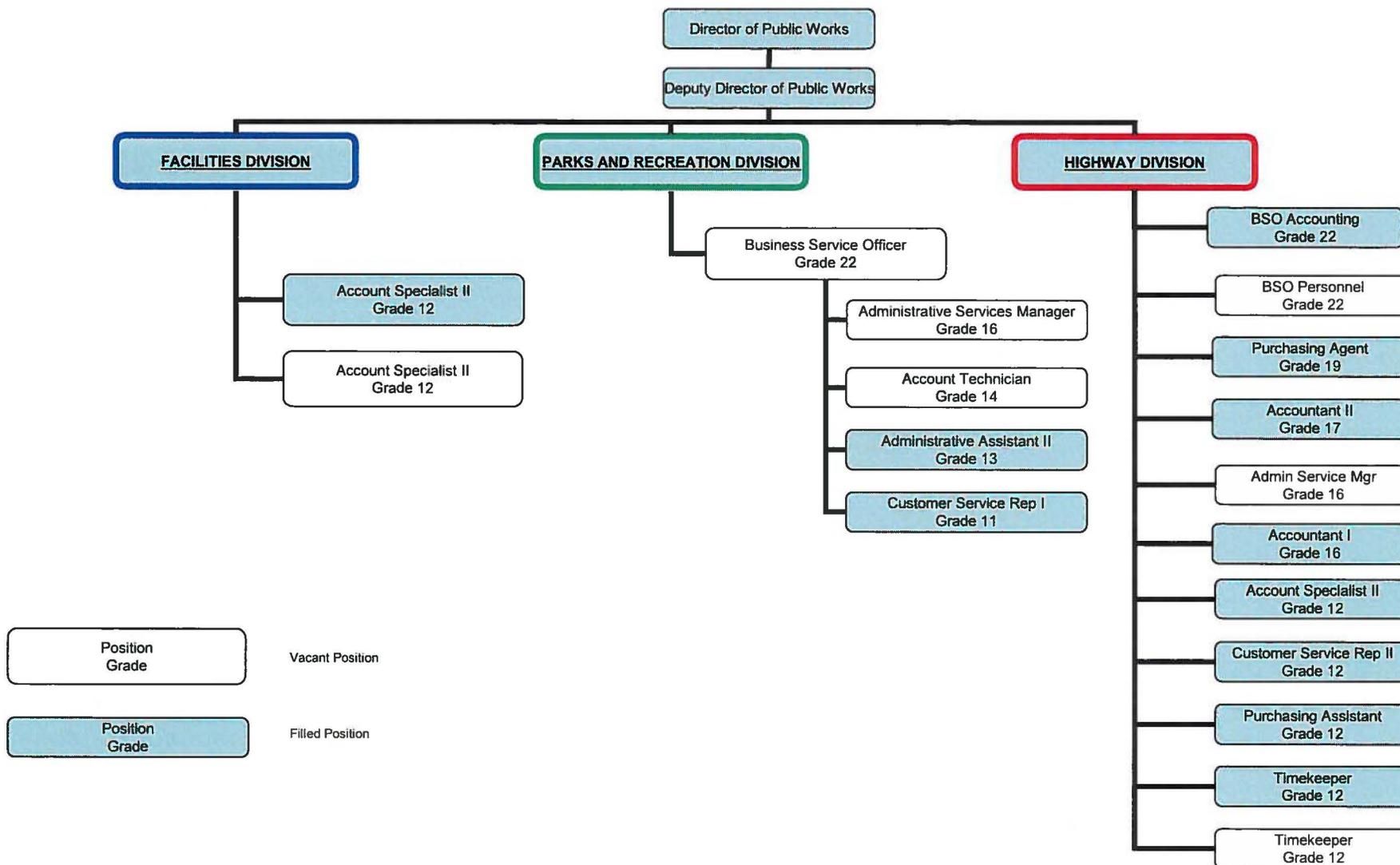


Chart 1

Department of Public Works Organization Chart-Administration Personnel

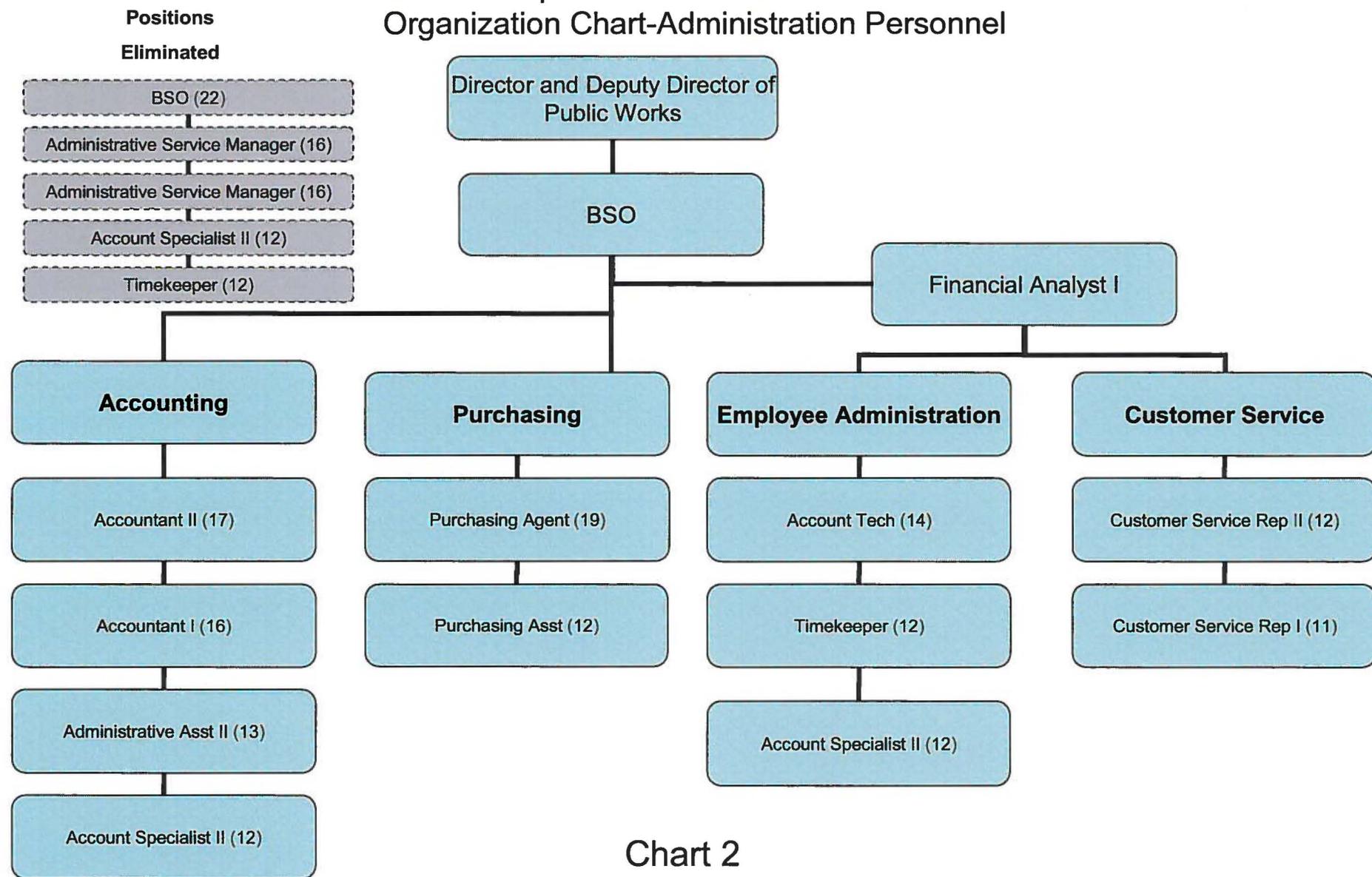


Chart 2

Jane Gile
Human Resources Director



CITY OF MANCHESTER
Human Resources Department

December 31, 2012

Alderman William Shea, Chair
Human Resources & Insurance Committee
One City Hall Plaza
Manchester, NH 03013

RE: Position Change

Dear Alderman Shea:

I have reviewed the request of Kevin Sheppard, Public Works Director, relative to eliminating one (1) Business Service Officer (Class Code 9225, Grade 22) from the Public Works Department complement and replacing the position with one (1) Financial Analyst I (Class Code 2070, Grade 19). Both are exempt, non-affiliated positions.

Based on a proposed administrative reorganization (yet to be finalized), the change appears to be consistent with a sound business analysis of the department's needs and allows for a cost savings reflected in reduced salary expenses. Please note this is not a reclassification of the Business Service Officer (BSO) position as the department still maintains one (1) BSO in its complement.

Attached is a comparison of the pay grades for both positions.

The proper recommendation is to eliminate one (1) Business Service Officer (Class Code 9225, Grade 22) from the Highway Department complement and to add one Financial Analyst I (Class Code 2070, Grade 19).

Respectfully submitted,


Jane E. Gile, SPHR
Human Resources Director

**Department of Public Works
Business Services Officer**

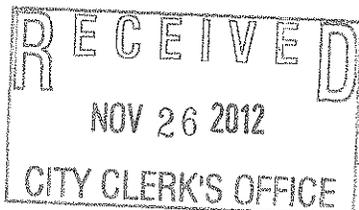
		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 22	Ex	58,711.00	60,472.31	62,286.48	64,155.10	66,079.74	68,062.16	70,104.00	72,207.12	74,373.33	76,604.53	78,902.66	81,269.76	83,707.83
(6T0)	H	28.23	29.07	29.94	30.82	31.79	32.73	33.69	34.73	35.76	36.86	37.95	39.09	40.27
	O	42.345	43.605	44.910	46.230	47.685	49.095	50.535	52.095	53.640	55.290	56.925	58.635	60.405

Financial Analyst I

GRADE 19	Ex	47,925.67	49,363.45	50,844.34	52,369.67	53,940.76	55,559.00	57,225.76	58,942.53	60,710.81	62,532.11	64,408.09	66,340.34	68,330.54
(6Q0)	H	23.04	23.73	24.46	25.18	25.93	26.73	27.53	28.34	29.21	30.07	31.00	31.91	32.87
	O	34.560	35.595	36.690	37.770	38.895	40.095	41.295	42.510	43.815	45.105	46.500	47.865	49.305



Jane Gile
Human Resources Director



CITY OF MANCHESTER
Human Resources Department

November 26, 2012

Human Resources and Insurance Committee
One City Hall Plaza
Manchester, NH 03101

RE: Solicitation Policy

Dear Chair Shea:

The city's position on the solicitation of employees by non-employees is not clearly defined. The city lacks an expressed policy that restricts or prohibits the solicitation and/or distribution of literature by non-employees on city property.

In order to allow city of Manchester employees to perform their duties free from intrusion during hours of operation and to advance our desire to provide the best service to our city, the following proposed policy governs the direct solicitation and/or circulation or distribution of written material of any kind on city property.

"The City of Manchester does not permit non-employees to sell products or commercial services or to solicit employees on city property during normal business hours. The city's email system and payroll system is for the exclusive use of the city and is not intended for commercial purposes. Use of the systems to disseminate advertisements, promotions or to sell products or services is prohibited unless otherwise sponsored by or affiliated with the city of Manchester.

Posting notices or other appropriate written material on designated employee bulletin boards or other public access areas requires authorization of the person or office responsible for that space or facility."

Respectfully submitted,

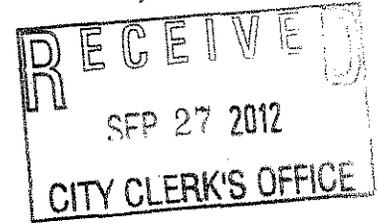

Jane E. Gile
Human Resources Director



Thomas R. Clark.
City Solicitor

Thomas I. Arnold, III
Deputy City Solicitor

Peter R. Chiesa
Gregory T. Muller
John G. Blanchard
Jeremy A. Harmon



CITY OF MANCHESTER
Office of the City Solicitor

September 27, 2012

Committee of Human Resources/Insurance
c/o Matthew Normand, Clerk
One City Hall Plaza
Manchester, New Hampshire 03101

Re: Welfare Commissioner

Gentlemen:

The Committee on Human Resources/Insurance at its meeting on September 4, 2012 requested that I research the ordinances related to the salary of the Welfare Commissioner. Upon conducting my research I determined the following:

1. On November 4, 1998 the Board of Mayor and Aldermen discussed and then voted to adopt the recommendations of the Yarger Decker position and classification and compensation study for the City of Manchester. The recommendations included a listing of present and proposed pay grade assignments which included the position of Welfare Commissioner. Prior to adopting the Yarger Decker recommendations the Board of Mayor and Aldermen specifically discussed the fact that the Welfare Commissioner was included in the list of present and proposed pay grade assignments. I have attached the pertinent position of the pay grade listing and the Board of Mayor and Aldermen minutes from the November 4, 1998 meeting.

2. At its meeting on November 4, 1998 the Board of Mayor and Aldermen also amended ordinance Section 33.022 "Positions Not Covered by Chapter". While the amendment did remove a number of positions which had previously been not covered by Sections 33.020 through 33.082 the position of Commissioner of Welfare was not affected by the amendment and remained a position not covered by Chapter 33 Sections 33.020 through 33.082.

3. On December 7, 1999 the Board of Mayor and Aldermen ordained an ordinance amending Section 33.024 Classification of Positions, an ordinance

amending Section 33.025 "Compensation of Positions" and an ordinance amending Section 33.026 "Class Specifications". Each of these Ordinances lists the position of Commissioner of Welfare thus including that position within Yarger Decker. The classifications in all these ordinances were effective January 3, 1999.

In conclusion while Ordinance Section 33.022 states that the position of Commissioner of Welfare is not covered by Chapter 33 of the Code of Ordinances one ordinance ordained by the Board of Mayor and Aldermen at the same meeting that it adopted the Yarger Decker recommendations and three ordinances passed after the adoption of Yarger Decker have all listed the classification of Welfare Commissioner and its pay grade as being included within Yarger Decker. In addition I have not found any action by the Board of Mayor and Aldermen that established the pay of the Commissioner of Welfare separate from Yarger Decker.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Thomas I. Arnold, III". The signature is fluid and cursive, with a long horizontal stroke at the end.

Thomas I. Arnold, III
Deputy City Solicitor

TIA/hms

as Water Works, or such as Highway, or whatever and I'm not picking any single one here, it seems to me that the Boston market is probably 20-25% higher than what we might be here.

Mr. Decker stated I'm not sure if it's that much higher, but it is considerably higher so I don't think you need to in every case or in many cases try to match the Boston market unless someone's commuting there and living here and driving there every day I think that you've got a whole different taxing situation there, you've got a whole different housing market, so I think that in many cases you might say to someone that if you want to commute to Boston good luck to you or if you want to move to Boston good.

Mayor Wieczorek asked, Floyd, did you say within an hour's driving time, is that it.

Mr. Decker replied that roughly is what I think the area that someone would go unless they were willing to go much further. Now, I've driven between Boston and Manchester many times and depending on the time of day it's between 45 minutes and an hour-and-a-half depending on the time of day.

Mayor Wieczorek stated I heard you mention ninety miles and I said if that's where you're going in one hour, I don't want to be in your car.

Mayor Wieczorek asked are there any other questions from anybody. There were none.

Mayor Wieczorek stated I did talk to the Human Resources Director today and my understanding is that there's an awful lot of work that has to be done to implement this program. So, under normal circumstances I wouldn't suspend the rules to try to get it done, but where they need the time to get it done by January 1st, I'm going to look at the suspension of the rules. So, if the Board so desires to adopt the recommendations a motion would be in order to adopt the recommendations of the Yarger Decker position and classification and compensation study for the City of Manchester as presented in the final report with updates as presented to the Board November 3rd such recommendations to begin implementation January 3, 1999.

Alderman Girard so moved to adopt the recommendations of the Yarger Decker position and classification and compensation study for the City of Manchester as presented in the final report with updates as presented to the Board November 3rd such recommendations to begin implementation January 3, 1999. Alderman Sysyn duly seconded the motion.

Alderman Thibault asked, your Honor, at that point will we still have time to question some of the...

Mayor Wieczorek replied what Floyd was saying if I heard him correctly is that there is an appeal process of ninety days.

Alderman Sysyn stated I just wanted to thank Floyd Decker for all the work he's done and the effort that he's put into this and I also want to thank Mark Hobson and Frank Thomas of the Oversight Committee...a lot of work, they took their time, they answered our questions, thank you very much.

Mayor Wieczorek stated that's said very well, Madame Chairman of the Human Resources Committee.

Alderman Hirschmann asked can I ask a technical question probably of Mark Hobson. One of the positions on here is an elected position that being the Welfare Commissioner. Now, that being an elected position wouldn't it be that that person wouldn't get that until the next cycle. You're not going to give an elected official an increase, are you. Technically, if this grade change happened wouldn't it go onto the next elected official, it wouldn't happen with this person.

Mr. Hobson stated I'm going to back off from giving you a one hundred percent answer but my response is that the position is in the City's classification system. Whether the position is elected or not.

Alderman Hirschmann stated I know that elected officials can't give themselves a raise and they shouldn't be giving other elected officials a raise.

Mayor Wieczorek stated she's not giving herself a raise, she doesn't vote on this.

Mr. Hobson stated the Mayor's salary obviously is set by the Charter and is not part of the classification system, but that position is in the classification system.

Alderman O'Neil commented I don't know if there is anyone on this Board who has spoken to Floyd more than I have and I just want to thank him for his time and I wish all of our studies and consulting work went this easy. Well done.

Mr. Decker stated, Mr. Mayor, I'd like to say one thing too that we do quite a few of these studies and I think it's important for all of you to know that during this entire study I've never seen a place where's there's been less effort on the part of the people to try to influence our judgment. Everyone worked with us in a very highly professional manner and we appreciated that very much.

Mayor Wieczorek stated I had a whole list of people here that have been involved in this and maybe this would be the appropriate time to do it since Alderman O'Neil you're recognizing Floyd and Alderman Sysyn is recognizing other people. Why don't we recognize all of those

members of the Compensation and Classification Plan Oversight Committee whose efforts were critical in the successful completion of the project and that would be Frank Thomas from the Highway Department, the Chairman; Alderman Klock, Alderman Pinard; Sophia Plentzas, the School Department representing the Manchester Educational Sport Association; Jean Brassard the Fire Department representing the International Association of Firefighters; Michael Roche, Water Works representing the International Steel Workers Union; Michael Rockwell, Highway Department representing the American Federation of State, Council, and Municipal Employees; Stephen Tierney, Highway Department representing the Non-Affiliated Employees; Diane Prew, Information Systems; Regis Lemaire, Office of Youth Services; Fred Testa, Aviation; Fred Rusczek, Health Department; Sean Thomas, Mayor's Office; Mark Driscoll, Police Department; Mark Hobson, Human Resources. I would also like to recognize the efforts of the Human Resources/Insurance Committee including Aldermen Mary Sysyn, William Shea and Daniel O'Neil. Finally, I would like to thank Mr. Floyd Decker and Yarger Decker and Associates, all of these parties have done an outstanding job working together to support this effort. So, it is a collaborative effort here with a lot of people that have been involved to bring us to this point and this is a very important step for this City to take.

Mayor Wieczorek called for a vote on the motion. The motion carried with Alderman Pariseau duly recorded as abstaining on the advice of counsel and Alderman Hirschmann duly recorded in opposition.

On motion of Alderman Rivard, duly seconded by Alderman Sysyn, it was voted to suspend the rules and place this Ordinance on its third and final reading without referral to the Committee on Bills on Second Reading and without referral to the Committee on Accounts, Enrollment and Revenue Administration.

"An Ordinance Amending Chapter 33, Personnel Policy of the Code of Ordinances of the City of Manchester."

Alderman Clancy moved that the Ordinance be read by title only. Alderman Pinard duly seconded the motion. The motion carried with Alderman Pariseau duly recorded as abstaining at the advice of counsel and Alderman Hirschmann duly recorded in opposition.

This Ordinance having had its final reading by title only, Alderman O'Neil moved on passing same to be Ordained. Alderman Sysyn duly seconded the motion. The motion carried with Alderman Pariseau duly recorded as abstaining at the advice of counsel, and Alderman Hirschmann duly recorded in opposition.

Mayor Wieczorek stated let me congratulate everybody, this is really a very difficult task that was done and I'm very pleased to see that we finally, finally have a classification system. Thank you all very much.

PRESENT AND PROPOSED PAY GRADE ASSIGNMENT

PROPOSED CLASS TITLE	CLASS CODE	CURRENT		PROPOSED			PROPOSED vs.				SURVEY				FACTOR POINT TOTAL
		GRADE	MIN MAX	GRADE	MIN	MAX	CUR MIN	CUR MAX	SVY 2ndLO	SVY 2nd HI	MIN	2ndLO	2ndHI	MAX	
Deputy Finance Director	2110	32	50259 70685	26	59042	84180	1.17	1.19						770	
Building Regulations Director	5190	33	52200 73077	26	59042	84180	1.13	1.15						772	
Deputy Fire Chief	9115	28	41484 60399	26	59042	84180	1.42	1.39						775	
Economic Development Director	1230	34	56269 77957	26	59042	84180	1.05	1.08						775	
Youth Services Director	7230	30	45271 64952	26	59042	84180	1.30	1.30						775	
Board of Assessors, City Officers	1160	32-33	50259 70685	26	59042	84180	1.17	1.19	1.65	1.12	33725	35700	75000	94882 780	
Welfare Commissioner	7150	30	45271 64952	26	59042	84180	1.30	1.30	1.58	1.36	35715	37277	61994	64952 780	
Deputy City Solicitor	1410	33	52200 73077	26	59042	84180	1.13	1.15						785	
City Clerk	1210	31	47257 67443	26	59042	84180	1.25	1.25	1.66	1.07	33096	35479	78498	95000 795	
Deputy Public Works Director	5830	33	52200 73077	27	63175	90072	1.21	1.23						800	
Assistant Fire Chief	9120	28	41484 60399	27	63175	90072	1.52	1.49	1.93	1.34	31678	32727	66970	91500 810	
Deputy Police Chief	9330	26-28	41484 60399	27	63175	90072	1.52	1.49	1.52	1.21	41210	41484	74574	84198 810	
Human Resources Director	1310	34	56269 77957	28	67597	96377	1.20	1.24						835	
Parks, Recreation and Cemetery Director	6170	30	45271 64952	28	67597	96377	1.49	1.48						835	
Library Director	8070	31	47357 67443	28	67597	96377	1.43	1.43						840	
Waterworks Director	4350	34	56269 77957	28	67597	96377	1.20	1.24	1.52	1.45	37694	44456	66242	77957 845	
Public Health Director	7110	34	56269 77957	29	72329	103124	1.29	1.32						865	
Fire Chief	9130	32	50259 70685	29	72329	103124	1.44	1.46	1.56	1.07	43319	46259	96800	98534 880	
Police Chief	9340	32	50259 70685	29	72329	103124	1.44	1.46	1.52	1.09	46259	47651	94882	108000 880	
Information Services Director	2220	31	47357 67443	29	72329	103124	1.53	1.53						890	
Planning Director	1370	35	61282 84312	29	72329	103124	1.18	1.22						890	
Airport Director	3130	37	68669 96689	29	72329	103124	1.05	1.07	1.53	1.36	43319	47133	75763	96669 895	
Finance Director	2120	36	64533 90148	29	72329	103124	1.12	1.14	1.58	1.09	45878	46259	94882	110000 895	
Public Works Director	5840	34	56269 77957	29	72329	103124	1.29	1.32						895	
City Solicitor	1420	38	72806 103161	30	77392	110342	1.06	1.07	1.43	1.07	51147	54080	103161	106130 910	

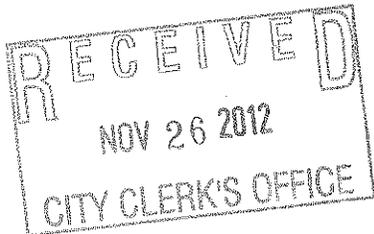
Thomas R. Clark
City Solicitor



Peter R. Chiesa
Gregory T. Muller
John G. Blanchard
Jeremy A. Harmon

Thomas I. Arnold, III
Deputy City Solicitor

CITY OF MANCHESTER
Office of the City Solicitor



November 26, 2012

Committee on Human Resources/Insurance
c/o Matthew Normand, Clerk
One City Hall Plaza
Manchester, New Hampshire 03101

Re: Welfare Commissioner Draft Ordinances

Gentlemen:

At the November 19, 2012 meeting of the Committee on Human Resources/Insurance I was asked to draft two ordinances; one providing that §33.020 through §33.082 shall apply to the Welfare Commissioner and the second removing the Welfare Commissioner from the City's Classifications of Positions, Compensation of Positions and Class Specifications (Yarger-Decker). The requested ordinances are attached.

I will be in attendance at the Committee's next meeting should there be any questions.

Very truly yours,

Thomas I. Arnold, III
Deputy City Solicitor

TIA/hms

City of Manchester
New Hampshire

In the year Two Thousand and Twelve

AN ORDINANCE

“Amending Sections 33.024, 33.025, & 33.026 (Welfare Commissioner) of the Code of Ordinances of the City of Manchester.”

BE IT ORDAINED, By the Board of Mayor and Aldermen of the City of Manchester, as follows:

SECTION 33.024 CLASSIFICATION OF POSITIONS be amended as follows:

Delete Welfare Commissioner, Class Code 7150

SECTION 33.025 COMPENSATION OF POSITIONS be amended as follows:

Delete Welfare Commissioner, Class Code 7150, Grade 26

SECTION 33.026 CLASS SPECIFICATIONS be amended as follows

Delete Welfare Commissioner, Class Code 7150, Grade 26, exempt

This Ordinance shall take effect upon its passage and all Ordinances or parts of Ordinances inconsistent therewith are hereby repealed.

Amending §33.022 to provide that §33.020 through 33.082 of the Code of Ordinances shall apply to the Welfare Commissioner

Amend §33.022 by adding the language in bold and deleting the language struck through.

§ 33.022 POSITIONS NOT COVERED BY CHAPTER.

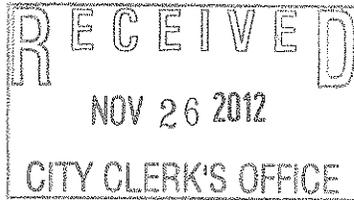
(A) The provisions of §§ 33.020 through 33.082 of this chapter shall not apply to elected officials, **with the exception of the Welfare Commissioner**, members of appointed boards and commissions, the secretary, and the administrative assistants to the Mayor.

(B) Certificated employees of the school system shall be exempt from the provisions of all but those sections of §§ 33.020 through 33.082 of this chapter in which they are specifically included.

(C) Limited term appointments shall consist of appointments to positions which are funded for a limited period of time or for an indefinite period. Limited term appointees shall have the same privileges as regular employees with the exception that their services will be terminated conterminously with the termination of funding for the positions they occupy.

~~(D) The provisions of §§ 33.020 through 33.082 of this chapter shall not apply to elected officials, including the Commissioner of Welfare.~~

Jane Gile
Human Resources Director



CITY OF MANCHESTER Human Resources Department

November 26, 2012

Chairman William Shea
Human Resources and Insurance Committee
One City Hall Plaza
Manchester, NH 03101

RE: Salary Welfare Commissioner

Dear Chair Shea:

At the request of the Human Resources and Insurance Committee, the following is provided to assist the Committee is recommending a flat salary for the elected Welfare Commissioner position should the recommendation follow that the salary be set by ordinance and not subject to the personnel ordinances of the City of Manchester.

The Welfare Commissioner Job Classification was reviewed subsequent to last month's meeting and re-scored according to the composition of ratings used in a factor scale analysis. Each factor measures a different dimension of work performed by the position being rated. Based on this analysis, the position after being re-visited is scored at a Grade 26, its current grade classification. The salary range for this classification is attached.

A quick survey of a few selected NH city/town Human Services (Welfare) Director positions showed a high of \$95,500 to a low of \$66,435 (rounded). One part-time position was noted in Merrimack – 25 hours/wk, range \$19.32 to \$26.61/hr. None of the positions are elected, and are thus situated on the respective city/town pay scale.

Concord	\$66K to \$95.5K
Keene*	\$76K to \$95K
Nashua	\$47,600 to \$80,000
Rochester	\$59,600 to \$80,000
Portsmouth	\$62,400 to \$78,000
Derry**	\$51,126 to \$ 66,435

*Human Services/Youth Services Director

** Expired Collective Bargaining Agreement (6/30/2011)

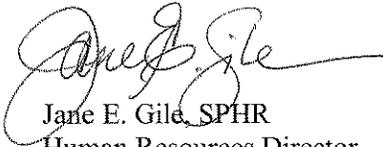
Note: Welfare Commissioner is a 40 hr/week position – some of the information presented above may reflect a 37.5 hour workweek; also the number of years to get to the highest end of the salary scale varies, in Manchester it takes 10 years (2 longevity steps), some are shorter.

1 City Hall Plaza • Human Resources Department • Manchester, New Hampshire 03101 • (603) 624-6543 •
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E-mail: HumanResources@ManchesterNH.gov • Website: www.manchesternh.gov

Third item; there are two employees in the Welfare Department earning an annualized salary of \$73,113. It was mentioned at the committee level that consideration be given to this factor when suggesting the pay of the Welfare Commissioner, i.e., position pay should not be less than the highest paid staff member.

In setting a flat salary for the Welfare Commissioner position, a salary somewhere within the range of \$80,000 - \$95,000 would appear to be reasonable remuneration for a city this size, taking into consideration other municipalities, the current city pay structure and the pay of other department employees who are subject to COLAs, step increases and longevity steps. This compensation falls between a Step 2 and Step 8 in the current Grade 26 classification.

Respectfully submitted,



Jane E. Gile, SPHR
Human Resources Director

Welfare

	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 26 Ex	76,958.14	79,266.89	81,644.90	84,094.23	86,617.05	89,215.59	91,892.05	94,648.82	97,488.27	100,412.93	103,425.30	106,528.08	109,723.89
(6X0) H	37.01	38.13	39.26	40.44	41.66	42.90	44.19	45.50	46.88	48.29	49.72	51.22	52.76
O	55.515	57.195	58.890	60.660	62.490	64.350	66.285	68.250	70.320	72.435	74.580	76.830	79.140