

**SECTION 15**  
**LEAVES OF ABSENCE WITH AND/OR WITHOUT PAY**

**FAMILY MEDICAL LEAVE ACT**

**A. POLICY STATEMENT:** It is the policy of Hubbard County that any Family Medical Leave is to run concurrently with any paid leave available to the employee and be in accordance with state and federal law.

**B. ELIGIBILITY: To be eligible, an employee must have been employed by Hubbard County for at least 12 months; have completed at least 1250 hours of service in the last 12 months and should make an eligible leave request. Eligible leave requests are determined by the following:**

1. Employee needed to care for their spouse, son, daughter, or parent with serious health condition;
2. Birth of child, placement of child by adoption or foster care; and/or
3. Serious health condition that makes the employee unable to perform his or her job functions.
4. Or as otherwise covered under FMLA.

**C. AUTHORIZATION**

1. Advance notice of at least 30 days or as far in advance as possible in written form or verbally followed by written verification is required.
2. The department manager shall be responsible for approving requests for FMLA leave.
3. In the event of sick relative care or employee medical leave, a doctor's statement may be required. The statement must include the dates/duration of the leave. Status reports, upon request, during the absence may be requested. Hubbard County reserves the right to request further information concerning the care required at any time during the absence.
4. Parental leave will not be granted more than twelve months after the birth or placement of the child.
  - a. With regard to parental leave, if both parents are employees of Hubbard County their total parental leave allowed will be no more than 12 weeks.

**D. LENGTH OF LEAVE**

1. An employee is entitled to up to 12 weeks in a 12 month period of time for qualifying events as described above.
2. The twelve month period of time is measured from the date of the first qualifying FMLA leave taken.
3. FMLA leave may be taken in one block of time or intermittently.

**E. BENEFITS**

1. Hubbard County will continue to provide insurance coverage at the same level and the same cost to the employee as before the qualifying leave.
  - a. It is at the option of the employee whether or not to continue insurance coverage.
  - b. If the employee does not return to work following the leave, the employer-paid portion of the insurance premiums will be recovered.
2. As long as the employee remains in pay status by using paid time off (sick, vacation, or personal leave of union personnel only) each leave benefit will continue to accrue during the leave. After each benefit leave availability is exhausted, accrual will discontinue.
3. All other benefits will be discontinued during this leave.
4. Leave under FMLA will count toward years of service and longevity with Hubbard County.

**F. RETURN TO WORK**

1. Employees will be returned to his/her previous position or an equivalent position.
  - a. An equivalent position is measured by the following: comparable duties, terms, conditions, pay, benefits, and/or hours worked before the leave.
2. There is no guarantee the employee will be returned to the exact position as prior to the leave.
3. There is no guarantee the employee will be returned to the position in the event they would have been laid off or the position would have been discontinued during FMLA the employee would not be entitled to return to their position.

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4. If the employee fails to return after a granted, qualifying leave, unless authorized by the County Board, the employee's employment may be automatically terminated.
5. A doctor's statement will be required in the event of a medical leave to enable the employee to return to work. The doctor's statement shall state the employee's capability to fully perform the duties of his/her position and any restrictions necessary.

**G. THE "KEY" EMPLOYEE EXCEPTION:** Hubbard County may refuse to restore an employee's position that is in the upper 10% of the county's salaried work-force when that denial is necessary to prevent serious economic injury to the county.

1. Upon the determination of the county of a resulting serious economic injury, the employee must be notified they will not be provided a position upon their return.
2. If the serious economic injury occurs after the employee is on leave, the county must notify the employee and provide the employee a reasonable time to return to work.
3. If after the employee is notified there will not be a position available upon his/her return and the employee chooses to remain on leave the full amount of time provided, Hubbard County must maintain health coverage under the same terms and conditions for the leave period.

### LEAVES OF ABSENCE WITHOUT PAY

**A. POLICY STATEMENT:** It is the policy of Hubbard County to consider the following employee leaves without pay:

- Child Care Leave (*In addition to FMLA Leave*)
- Educational Leave
- Medical Leave (*In addition to FMLA Leave*)
- Personal Leave

**B. ELIGIBILITY:** An employee must be full time or part time in a regular position.

#### **C. AUTHORIZATION**

1. The employee shall submit a written request for a leave of absence to the Department Manager at the earliest possible date.
2. The Department Manager shall be responsible for approving requests for leaves of absence except an **Educational Leave** and a **Personal Leave** in excess of ten (10) working days. **Educational Leaves** will be considered only, upon the recommendation of the Department Manager, by the County Board on a case by case basis and **Personal Leaves** beyond ten (10) working days require Board approval.
  - a. A **child care** or **medical leave** of absence shall be considered only if an employee has exhausted all accumulated paid time off leave. An **educational** or **personal leave** of absence shall be considered only if an employee has exhausted all paid time off leave (union employee benefits are set forth in the applicable collective bargaining agreement).
  - b. The Department Manager shall consider the circumstances surrounding the request and may, for a **medical leave**, require the submission of a physician's written statement citing that the employee is unable to work due to a personal, physical or mental illness or injury or treatment of a chemical dependency, and the projected date of return to work.
  - c. The Department Manager shall consider the work load and staffing of the department prior to approving the request.
  - d. The Department Manager shall consider the employee's length of employment and attendance record.
  - e. For a **Medical Leave** a Department Manager may, at any time during the leave, request a physician's statement updating the employee's condition and projected date of return to work.
3. Authorized Leave requests and medical statements shall be filed in the employee's personnel file or appropriate employee medical file.

#### **D. LENGTH OF LEAVE**

1. The county board may consider a leave of absence based on the totality of the circumstances – based on the needs of the department etc. Leaves of absence may be granted for up to six (6) months.

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**E. EFFECT ON BENEFITS, LEAVES, AND SENIORITY**

1. For continuation of employee insurance benefits, full premium payments to the Auditor's office one month in advance of the coverage must be made.
2. There will be no paid time off accrual, no holidays paid or PERA contributions made during an unpaid leave of absence (union employee benefits are set forth in the applicable collective bargaining agreement and are not available while on an unpaid leave).

**F. REINSTATEMENT AND TERMINATION DURING A MEDICAL LEAVE OF ABSENCE**

1. Prior to returning to work from a **medical leave** of absence, the employee shall provide a physician's statement that the employee is able to return to work.
2. An employee returning to work within the authorized leave period shall be reinstated to the original position or a position in the same classification. The employee shall be reinstated in the same department with the current hours and pay.
3. An employee exceeding the authorized leave period without giving proper notice shall be dismissed.
4. An employee giving proper termination notice within the authorized leave period shall be eligible for terminal benefits.

**ELECTED OFFICE MEETING ATTENDANCE LEAVE OF ABSENCE WITH OR WITHOUT PAY**

**A. POLICY STATEMENT:** It is the policy of Hubbard County to authorize employee attendance of elected office meetings per M.S. §211B.10.

**B. AUTHORIZATION**

1. The Department Manager must receive written notification of intended absence at least 20 days in advance.

**C. COMPENSATION**

1. The Department Manager may authorize make-up of hours absent to allow this employee to remain in pay status, at their own discretion.

**MILITARY LEAVE - LEAVE OF ABSENCE WITH OR WITHOUT PAY**

**A. POLICY STATEMENT:** It is the policy of Hubbard County to grant employees a maximum of fifteen(15) working days off with pay during any calendar year for National Guard, Reserve duty, or militia duty as outlined in M. S. §192.26. In addition, a **military leave without pay** will be granted to an employee engaged in active service in war time or other emergency in the military or navel forces of the United States in accordance with M. S. §192.26. Other benefits will be granted per State and Federal law.

**B. AUTHORIZATION**

1. The employee shall submit a written request for a leave of absence due to military duty to the Department Manager at the earliest possible date. A copy of the orders shall be presented to the Department Manager, if possible.
2. The Department Manager shall be responsible for authorizing leaves of absence.
3. The authorized written request shall be filed in the employee's personnel file.

**LEAVES OF ABSENCE WITH PAY**

**APPEARANCE AT GOVERNMENT PROCEEDINGS - LEAVE OF ABSENCE WITH PAY**

**A. POLICY STATEMENT:** It is the policy of Hubbard County to grant employees a leave of absence with pay for a subpoenaed appearance before a court, legislative committee, or other body as a witness in a proceeding involving the federal government, State of Minnesota, or one of its political subdivisions, if the appearance is in connection with the employee's official duties.

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**B. AUTHORIZATION**

1. The employee shall submit a written request for a leave of absence due to a subpoenaed appearance at a government proceeding to the Department Manager at the earliest possible date.
2. The Department Manager shall be responsible for authorizing leaves of absence.
3. The authorized written request shall be filed in the employee's personnel file.

**BEREAVEMENT LEAVE - LEAVE OF ABSENCE WITH PAY**

**A. POLICY STATEMENT:** It is the policy of Hubbard County to grant employees a maximum of three (3) days with pay in the case of a death in the immediate family of the employee or the employee's spouse to the second degree of kindred. The immediate family shall also include others who function as first or second degree of kindred. Leave may also be taken with respect to the third degree of kindred if such leave is deducted from, paid time off leave and for those employees who have an extended illness bank (EIB), utilization of EIB may be authorized at the discretion of the Department Manager.

**B. AUTHORIZATION**

1. The employee shall submit a written request for a leave of absence due to death in the immediate family to the Department Manager at the earliest possible date. If circumstances prevent submission of a written request, the employee shall contact the department head within thirty (30) minutes of the start of the employee's scheduled shift.
2. The Department Manager shall be responsible for authorizing leaves of absence and may, at their discretion, authorize additional utilization of paid time off leave, on a case by case basis, due to the individual circumstances. (Union employee benefits are set forth in the applicable collective bargaining agreement.)
3. The authorized written request or a notation of the verbal request shall be filed in the employee's personnel file.
4. Leave to be prorated accordingly for employees working less than 40 hours per week.

**C. ELIGIBILITY:** An employee must be regularly scheduled to work a minimum of twenty (20) hours per week, per pay period, in a regular position, to be eligible for this benefit.

**JURY DUTY - LEAVE OF ABSENCE WITH PAY**

**A. POLICY STATEMENT:** It is the policy of Hubbard County to grant employees a leave of absence with pay for required jury duty.

**B. AUTHORIZATION**

1. The employee shall submit a written request for leave of absence due to jury duty to the Department Manager at the earliest possible date.
2. The Department Manager shall be responsible for authorizing leaves of absence.
3. The authorized written request shall be filed in the employee's personnel file.
4. The employee shall return to work if excused or released from jury duty during regular working hours.

**C. COMPENSATION**

1. An employee, full-time or part-time, summoned to serve on any court jury shall be compensated by the County at the regular rate of a regular work day, without any reduction of paid time off accumulation (union employee benefits are set forth in the applicable collective bargaining agreement). In return therefore, any compensation, other than mileage received by the employee for serving on jury duty, shall be turned over to Hubbard County and re-deposited in its original fund.
2. If a holiday occurs during jury duty, the employee shall be paid for the holiday.

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**ELECTION JUDGE - LEAVE OF ABSENCE WITH OR WITHOUT PAY**

- A. POLICY STATEMENT:** It is the policy of Hubbard County to approve Election Judge leaves of absence with pay per M.S. §204B.195.
- B. AUTHORIZATION**
1. The Department Manager must receive written notification of intended absence at least 20 days in advance
  2. In addition to the written notice a certification from the appointing entity stating the hourly election judge compensation must be provided.
  3. No Department Manager can be required to allow more than 20% of the total work force to be absent from any one work site to serve as election judge.

**VOTING IN NATIONAL AND STATE ELECTIONS - LEAVE OF ABSENCE WITH PAY**

- A. POLICY STATEMENT:** It is the policy of Hubbard County to grant employees a reasonable amount of time off with pay in the forenoon to vote in any statewide general election or federal general election, in accordance with M.S. §204C.04.
- B. AUTHORIZATION:** The Department Manager and employee shall arrange a mutually agreeable time for the employee to vote.