

**TOWN COUNCIL OF CENTREVILLE
RESOLUTION 01-2024**

**A RESOLUTION OF THE TOWN COUNCIL OF CENTREVILLE TO ESTABLISH
PROCEDURES FOR THE FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA) TO PERMIT
ELIGIBLE EMPLOYEES TO USE FMLA LEAVE IN ACCORDANCE WITH FEDERAL LAW**

WHEREAS, by Ordinance 01-2011, enacted on March 17, 2011, and effective on April 6, 2011, the Town Council of Centreville adopted the Personnel Manual: Rules and Regulations Governing the Operation of a Merit System (“Personnel Manual”), as a personnel manual for employees of the Town of Centreville; and

WHEREAS, by Ordinance 02-2013 enacted on February 21, 2013, and effective on March 14, 2013, the Town Council ordained in Section 3 that future amendments to the Personnel Manual may be adopted by resolution; and

WHEREAS, by Resolution 07-2013, the Town Council adopted a Family and Medical Leave Act of 1993 (“FMLA”) policy on October 3, 2013; and

WHEREAS, the Town Council wishes to re-establish this FMLA policy and include the policy and procedures in the Personnel Manual; and

WHEREAS, eligible employees will be permitted to apply for FMLA Leave as described and adhere to the procedures outlined in the policy.

NOW THEREFORE BE IT RESOLVED by the Town Council of Centreville, acting pursuant to the authorities noted above:

1. The Town of Centreville’s FMLA Policy, Policy Number 300-306 attached hereto as Exhibit “A” is approved and shall replace all previous versions.
2. This Resolution shall be effective immediately.

ADOPTED AND EFFECTIVE THIS _____ day of _____, 2024.

BY ORDER: We hereby certify that Resolution Number 01-2024 is true and correct and duly adopted by the Town Council of Centreville, Maryland.

ATTEST:

THE TOWN COUNCIL OF CENTREVILLE

Betty Jean Hall
Acting Town Clerk

Ashley H. Kaiser, Esq., President

Eric B. Johnson, Jr., Vice President

Daniel B. Worth, Member

Jim A. Beauchamp, Member

Jeffrey D. Kiel, Member

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| Title: Family Medical Leave Act (FMLA) | Resolution: 01-2024 |
| Approved: | Revised: |
| Policy #: 300-306 | Form(s): 24-001 |

O. *Family and Medical Leave Act (FMLA) Policy*

1. Purpose

The Town of Centreville is a covered employer under the Family and Medical Leave Act of 1993 (“FMLA”) and it is the policy of the Town to ensure that eligible employees are provided with job-protected leave for qualifying family and medical reasons.

a. In accordance with Federal Law, eligible employees can take up to 12 workweeks paid or unpaid FMLA leave in a 12-month period for:

- The birth, adoption, or foster placement of a child with you
- Your serious mental or physical health condition that makes you unable to work
- To care for your spouse, child, or parent with a serious mental or physical health condition
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military service member

2. Eligibility

You are an eligible employee if all of the following apply:

- a. You have worked for the Town at least 12 consecutive months; and
- b. You have at least 1,250 hours of service with the Town during the 12 months before your leave

3. Procedures

a. Eligible employees must submit the Town’s Family and Medical Leave Act (FMLA) Request Form (#24-001) and appropriate documentation to Human Resources at least thirty (30) days or more, if practical, in order for processing.

b. Incomplete forms will be returned and not processed.



TOWN OF CENTREVILLE
FAMILY MEDICAL LEAVE (FMLA) REQUEST

A request for Family and Medical Leave must be made, if practical, at least 30 days before the date the requested leave is to begin. This form and appropriate documentation must be completed in its entirety in order to be processed.

TO BE COMPLETED BY THE EMPLOYEE

I understand that under the Town of Centreville’s Family and Medical Leave provisions, I may be entitled to a total of 12 weeks (480 hrs) of paid and unpaid leave.

EMPLOYEE NAME: _____
DEPARTMENT/AGENCY: _____
DATE OF HIRE: _____
PATIENT’S NAME, if applicable: _____
RELATIONSHIP TO EMPLOYEE: SPOUSE CHILD PARENT OTHER (specify)

REASON FOR REQUEST: (select one)

- Birth of the employee’s child and to care for such child (Certification of Health Care Provider for Employee’s Serious Health Condition OR Family Member’s Serious Health Condition must be attached). Placement with the employee of a child for adoption or foster care and to care for such child (Legal documentation must be attached)
- Employee’s serious health condition that makes the employee unable to perform that functions of his/her job (Certification of Health Care Provider for Employee’s Serious Health Condition must be attached)
- Family member’s serious health condition and care for the family member (Certification of Health Care Provider for Family Member’s Serious Health Condition must be attached)
- Military – Serious Injury or Illness for a covered 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. (Certification for Serious Injury or Illness of Covered Service member for Military Family Leave must be attached)
- Military – Qualifying exigency for reasons which arise when a covered military member is deployed or has been notified of an impending call or order to covered active duty. (Certification of Qualifying Exigency for Military Family Leave must be attached)

NOTE: A FMLA request based on an employee’s serious health condition, or the serious health condition of an employee’s spouse, child or parent must be accompanied by a verifying medical certification from a physician.

Start date of FMLA leave _____ End date of FMLA leave _____

I understand that this is a request to determine my eligibility for FMLA coverage and I shall make time-off requests for leave as recognized by the respective department/agency’s policy. I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the Town of Centreville.

Employee’s Signature Date

Appointing Authority Date

Human Resources Manager Date