

AGENDA ITEM FOR ADMINISTRATIVE MEETING () Discussion only
(x) Action

FROM (DEPT/ DIVISION): HR

SUBJECT: Policy Updates

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| Background: Policy updates 2.8, 4.3, 4.7, 4.17 and new policy 4.18 are before the Board for review and approval. | Requested Action: Adopt updated polices |
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ATTACHMENTS: Proposed Policies

Date: (03/15/2024) Submitted By: Jennifer Blake

*****For Internal Use Only*****

Checkoffs:

- () Dept. Head (copy)
- () Human Resources (copy)
- () Fiscal
- (x) Legal (copy)
- () (Other - List:)

To be notified of Meeting:

Needed at Meeting:

Scheduled for meeting on: March 20, 2024

Action taken:

Follow-up:

UMATILLA COUNTY PERSONNEL POLICIES

POLICY TITLE: Salaried/Exempt Positions

POLICY NUMBER: 2.8

EFFECTIVE: 2024

REVIEWED: 1997, 2009, 2012, 2024

The Board of Commissioners has designated the following “Salaried/Exempt” or “BOLI Exempt” positions to be exempt from overtime/comp-time compensation. These positions are designated Exempt because they are compensated on a monthly salary basis and because they fall into one or more of the following classifications: (1) Executive, (2) Administrative, and (3) Professional with the Bureau of Labor and Industry guidelines.

Employees working in Exempt designated positions are expected to account for their daily time to total 40 hour workweeks. Time not worked during regular business hours will be designated from leave accrual balances or designated as administrative leave if additional hours have been worked on an hour for hour basis. Additional hours are not banked and are not subject to payout.

The Board of Commissioners may delete or may designate additional positions as duties are changed or new positions are established, based upon the criteria established in ORS 243.650.

ADMINISTRATIVE SERVICES:

Director

IT Program Manager

Facilities Manager

Elections/Records Supervisor

Elections Manager

Records Manager

ASSESSMENT, TAXATION/GIS

Director

Deputy Director of Assessment & Taxation

Appraisal Supervisor

GIS Supervisor

Tax Accounting Manager

BOARD OF COMMISSIONERS

Emergency Operations Manager

CARE Supervisor

COMMUNITY DEVELOPMENT

Director

Planning Division Manager

COMMUNITY JUSTICE

Director

Assistant Director

Parole & Probation Officer III

Juvenile Division Assistant Director

Office Manager

DISTRICT ATTORNEY

Deputy District Attorneys (all levels)

Office Manager

Victim/Witness Assistance Program Director

FINANCE

CFO

Assistant Director of Budget & Finance

HUMAN RESOURCES

Director

HUMAN SERVICES

Director

Developmental Disabilities Services Supervisor

Service Coordinator Supervisor

CDDP Auxiliary Program Coordinator

Veterans Services Manager

PUBLIC HEALTH

Director

Deputy Director of Public Health

Clinic Nurse Supervisor

Wellness & School Supervisor

Nurse Practitioner

Public Health Program Manager

Home Visit Nurse Supervisor

Community Health Supervisor

Communicable Disease Manager

Environmental Health Supervisor

Office Manager

PUBLIC WORKS

Director

Assistant Director

Deputy Surveyor
Survey Superintendent
Noxious Weed Superintendent
PW Foreman
Sign Crew Supervisor
Weeds Operation Field Manager

SHERIFF
Undersheriff
Captain
Lieutenant
Sergeant
Office Manager

BOARD OF COMMISSIONERS BY
JOHN M. SHAFER, CHAIR

DATE ADOPTED

POLICY TITLE: **Attendance and Leaves (FMLA/OFLA/PLO)**

POLICY NUMBER: **4.3**

EFFECTIVE: **April 1, 2024**

REVIEWED: **2011, 2018, 2024**

Employees shall be performing duties at their County work site in accordance with the rules regarding hours of work, holidays and leaves of absence. An employee shall not be absent from work for any reason, other than those specified in this policy authorizing sick leave, without making prior arrangements with the supervisor

CALL-IN PROCEDURES

Employees are expected to report to work as scheduled, on time and prepared to start work. Employees are also expected to remain at work their entire work schedule, except for unpaid break periods or when required to leave on authorized Umatilla County business, and perform the work assigned to or requested of them. Late arrivals, early departures, or other absences from scheduled hours are disruptive and must be avoided.

Unless such prior arrangements are made or specified in a policy below, an employee, shall notify the supervisor of the reason for absence prior to the start of their shift or as soon practicable in case of emergency and no later than 24 hours from start of absence. Employees should contact their direct supervisor by phone, text, or email, as designated by their department/division. Departments/divisions are required to communicate to employees the chain of command for call-in if an alternative supervisor has been designated to be contacted for absences.

If the absence continues beyond the first day, the employee shall notify the supervisor on a daily basis unless other arrangements have been made with the supervisor and/or with a medical certification.

Departments/Divisions shall maintain accurate records of the employee's attendance. Not reporting to work and not calling to report the absence is a no-call/no-show and is a serious matter. Any unauthorized absence or non-compliance of notification procedures as listed above by an employee may be deemed to be an absence without pay and may be cause for disciplinary action. Unauthorized or unexplained absences may be considered job abandonment.

VACATION

Accrual rates

Refer to the Union contract language appropriate to the Department/Division for accrual rates for employees covered by Union agreements. Employees not covered by Union agreements, "Union Exempt employees," will accrue 8 hours per month, for 1-3 years (0-36 months); 10 hours per month for 4-6 years (37-72 months); 12 hours per month for 7-9 years (73 to 108 months); 14 hours per month, for 10-12 years (109 to 144 months); 16 hours per month for 13-15 years (145-180 months) and 18 hours per month for 16+ years (181+ months).

Employees may take vacation credit as earned month by month subject to approval of the Department/Division Head after completion of six (6) months of continuous employment with the County for all employees, except the Department of Law Enforcement which requires twelve (12) months of continuous employment with the County.

Those employees not beginning or terminating employment on the first or last day of the month shall receive pro-rated benefits. Accruals for employees not beginning on the first day of the month shall not change until

the month following the appropriate anniversaries. (Example: Employee anniversary date of January 7 changes accrual benefits in February.)

Part-time employees

Part-time employees working 20 or more hours per week shall accrue vacation in an amount proportionate to that which would be accrued under full-time employment on a monthly basis. Temporary, part-time less than 20 hours per week, seasonal or on-call employees do not accrue vacation credits.

Vacation leave shall be taken in quarter hour increments.

Accumulation

Employees may accrue up to 240 hours of vacation time, except for Deputy District Attorneys who may accrue up to 400 hours. Time earned in excess of 240 hours (or 400 for DDA's), and not utilized by the employee, will result in the loss of such time at the end of each pay period. Lost hours as a result of the cap will not be paid out.

Continuous Service

Continuous service for the purpose of accumulating vacation leave credit shall be service unbroken by any leave of absence from the County, with the exception of the following types of leave: approved FMLA/OFLA, military leave, any paid leave, leave of absence resulting from an injury incurred in the course of employment or authorized education or training leave with pay. No other types of authorized leave will be counted as part of continuous service. However, employees returning from such leave and employees on layoff status shall be entitled to vacation credit earned for service prior to the leave or layoff.

Transfer credits

When an employee is transferred to, or appointed to another department/division, their accrued vacation credit will be assumed by the new department. The transferring employee shall not be entitled to vacation payout in lieu of transfer of credit.

Termination Pay

An employee who terminates or is terminated prior to a 6 month period shall not be entitled to cash compensation for accumulated vacation leave. If the employee has completed the 6 month period and terminates from County service, they shall be compensated for accrued vacation based on their regular salary at the time of termination. Vacation accrual for the purpose of this section shall terminate on the last day worked by an employee. Upon death of any employee, compensation for accrued vacation leave shall be paid to the next of kin in the same manner. Refer to CBAs for represented employees.

Scheduling

Employees shall be permitted to request scheduled vacation leave in any combination of days approved by the Department/Division Head who shall insure that the organization's and needs of the public are not adversely impacted. The Department/Division Head shall allow the selection of vacation days by employees on the basis of seniority. However, each employee will be permitted to exercise their right of seniority only once annually.

Accrual during illness or injury

Employees shall accrue vacation leave credits during a sick leave until their sick leave credits are exhausted.

Leave without pay

No employee shall receive vacation leave credits for any period of time that is leave without pay.

SICK

Under Oregon's Sick Leave Law and this policy, "employee" includes part-time, full-time, hourly, salaried, exempt and non-exempt employees. Sick leave runs concurrently with Oregon Family Leave Act leave, federal Family and Medical Leave Act and other leave where allowed by law.

Accrual rates

All benefitted employees shall accrue sick leave at the rate of eight (8) hours for each month of service. Employees working 20 or more hours a week shall accrue sick leave in an amount proportionate to that which would be accrued under full-time employment on a monthly basis. Sick leave may be accumulated to a maximum of 2000 hours. Time earned in excess of 2000 hours not utilized by the employee, will result in the loss of such time at the end of each pay period. Accrual of sick leave benefits shall begin on the first day of employment. Employees shall be pro-rated for sick leave accruals for the first and last month of employment should he/she not begin or terminate on the first or last day of the month.

Temporary, part-time employees working less than 20 hours per week, seasonal and on-call employees shall accrue paid sick leave at the rate of one hour for every 30 hours worked. Sick leave may be accumulated to a maximum of 80 hours with no more than 40 hours utilized in any calendar year.

Sick leave shall be taken in quarter hour increments.

Utilization

Accrued sick leave may be utilized after 31 days of continuous employment. Under no circumstance can employees receive paid sick leave in excess of their accrued or donated balance. Employees may use their accumulated sick leave when unable to perform their duties by reason of:

1. For the diagnosis, care or treatment of a mental or physical illness, injury or health condition or need for preventive medical care. This is available for the employee or their covered family member.
 - a. "Family member" means the employee's:
 - Spouse or registered domestic partner;
 - Child or the child's spouse or registered domestic partner;
 - A parent of a covered individual or the parent's spouse or domestic partner;
 - Sibling or stepsibling or the sibling's or stepsibling's spouse or registered domestic partner;
 - Grandparent or the grandparent's spouse or registered domestic partner;
 - Grandchild or the grandchild's spouse or registered domestic partner; or
 - Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.
2. For any purpose allowed under the Oregon Family Leave Act, including bereavement leave.
3. If the employee, or the employee's minor child or dependent, is a victim of domestic violence, harassment, sexual assault, stalking or bias crime as defined by Oregon law and requires leave for any of the purposes under Oregon's domestic violence leave law (ORS 659A.272).
4. In the event of certain public health emergencies or other reasons specified under Oregon's sick leave law.

The list of covered family members will follow the Oregon Sick Leave Law.

Employee Notice of Need for Sick Leave

Foreseeable Sick Leave. If the need for sick leave is foreseeable, an employee must notify their Supervisor as soon as practicable before the leave begins. Generally, an employee must provide at least 10 days' notice for foreseeable sick leave. The request shall include the anticipated duration of the sick leave, if possible. Employees must make a reasonable effort to schedule foreseeable sick time in a manner that minimally disrupts the operations of Umatilla County. Employees must notify their Supervisor of any change in the expected duration of sick leave as soon as is practicable.

Unforeseeable Sick Leave: If the need for sick leave is unforeseeable, the employee must notify their Supervisor as soon as practicable and comply generally with Umatilla County's call-in procedures as described above.

Employees must contact their supervisor daily while on sick leave, unless an extended period of sick leave has been prearranged with the supervisor or when off work on protected leave. Employees shall inform their supervisor of any change in the duration of sick leave as soon as practicable.

Sick Leave Documentation

If an employee takes more than three consecutive scheduled workdays as sick leave, Umatilla County may require reasonable documentation showing that the employee was absent for an approved reason and for future absences. Reasonable documentation includes documentation signed by a healthcare provider, or documentation for victims of domestic violence, harassment, sexual assault, bias crimes, or stalking.

Sick Leave Abuse

If Umatilla County suspects sick leave abuse, including but not limited to failure to provide proper notice, repeated use of unscheduled sick leave or repeated use of sick leave adjacent to weekends, holidays, and/or vacations, Umatilla County may require documentation from a healthcare provider. Employees found to have abused sick leave as described here may also be subject to discipline, up to and including termination.

Integration with Worker's Compensation

When an injury occurs in the course of employment, the County's obligation to pay under this sick leave section is limited to the difference between any payment received under worker's compensation loss and the employee's regular salary as long as the employee has accrued sick leave credits. In such instances, the appropriate charges will be made against the employee's accrued sick leave at the rate of the County's match until the sick leave is expended. Currently the rate is 2/3 worker's compensation and 1/3 County. Refer to CBAs for represented employees.

Illness during vacation leave

If an employee is on vacation leave and becomes ill during that time, the employee may take sick leave for those days of actual illness. A doctor's certificate may be required by the County to substantiate the illness. Request for substantiation must be made to the employee on the date of return to work from vacation or within one day of learning of the intent to take sick leave. At the employee's option, vacation leave may be used as sick leave. In no case will the employee be allowed to use sick leave credits to extend an approved vacation.

Accrual during illness or injury

Employees shall accrue sick leave credits until their paid leave credits are exhausted.

Transfer of Employee

When an employee is transferred to or appointed to another department/division within the County, accrued sick leave credits shall be assumed by the new department/division.

Termination

No compensation for accrued sick leave shall be provided to any employee upon their death or termination of employment for any reason.

Retirement

Upon an employee's retirement from the County, unused sick leave shall be credited to their retirement benefits pursuant to the rules and regulations of PERS.

Leave without pay

No employee shall receive sick leave credits for any period of time in a month that is leave without pay, excluding mandated furlough hours.

Reversion

Upon depletion of both sick leave and vacation leave, the employee reverts to an unpaid leave status.

BEREAVEMENT

Umatilla County recognizes the necessity for the use of Bereavement Leave for its employees. Employees shall be granted up to five (5) days leave with pay in the event of death in the immediate family. In addition, an employee may also use sick leave credits providing the emergency requires more than five (5) days, as approved by the Department/Division Head.

Oregon Sick Leave Law – Bereavement Leave: Employees who have worked for Umatilla County for 180 calendar days, and averaged at least 25 hours per week, may take up to two weeks of unpaid bereavement leave per death of a Family Member. Employees who have worked for Umatilla County for 90-180 days may use up to 40 hours of accrued sick leave for bereavement purposes, and who have experienced the death of a Family Member. Employees who have worked for Umatilla County for fewer than 90 days may not be eligible for this additional leave.

Under this policy, "Family Member" means the employee's:

- Spouse or registered domestic partner;
- Child or the child's spouse or registered domestic partner;
- A parent of a covered individual or the parent's spouse or domestic partner;
- Sibling or stepsibling or the sibling's or stepsibling's spouse or registered domestic partner;
- Grandparent or the grandparent's spouse or registered domestic partner;
- Grandchild or the grandchild's spouse or registered domestic partner; or
- Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

Refer to CBAs for represented employees.

RELIGIOUS OBSERVANCE LEAVE AND ACCOMMODATION

Umatilla County respects the sincerely held religious beliefs and observances of all employees. Umatilla County will make, upon request, an accommodation for such beliefs and observances when a reasonable accommodation is available that does not create an undue hardship on Umatilla County's business. Employees may use vacation or unpaid time for religious holy days or to participate in a religious observance or practice; if accrued leave is not available, then an employee may request to take unpaid leave. Requests for religious leave or accommodation should be submitted to Human Resources, and may require information from the employee in support of the request for accommodation or leave.

CRIME VICTIM LEAVE

Any employee who has worked an average of at least 25 hours per week for 180 days immediately before the date the employee takes leave is eligible for reasonable, unpaid leave to attend criminal proceedings if the employee or their immediate family member (defined below) has suffered financial, social, psychological or physical harm as a result of being a victim of certain felonies, such as kidnapping, rape, arson, and assault.

“Immediate family member” includes a spouse, registered domestic partner, father, mother, sibling, child, stepchild, or grandparent of the employee.

Employees who are eligible for crime victim leave must:

- Use any accrued, but unused vacation/sick leave during the leave period;
- Provide as much advance notice as is practicable of their intention to take leave (unless giving advance notice is not feasible); and
- Submit a request for the leave in writing to Human Resources as far in advance as possible, indicating the amount of time needed, when the time will be needed, and the reason for the leave.

In all circumstances, Umatilla County may require certification of the need for leave, such as copies of any notices of scheduled criminal proceedings that the employee receives from a law enforcement agency or district attorney’s office, police report, a protective order issued by a court, or similarly reliable sources.

DOMESTIC VIOLENCE LEAVE AND ACCOMMODATION:

All employees are eligible for reasonable unpaid leave to address domestic violence or the crimes of harassment, sexual assault, bias or stalking (either the employee or the employee’s minor dependents).

Reasons for taking leave include the employee’s (or the employee’s dependent’s) need to: seek legal or law enforcement assistance or remedies; secure medical treatment for or time off to recover from injuries; seek counseling from a licensed mental health professional; obtain services from a victim services provider; or relocate or secure an existing home.

Leave is generally unpaid, but the employee may use any accrued vacation, comp-time or sick leave while on this type of leave. Employees should also determine whether Paid Leave Oregon may provide pay during this type of leave. See the “Paid Leave Oregon” policy for more information.

When seeking this type of leave, the employee should provide as much advance notice as is practicable of their intention to take leave, unless giving advance notice is not feasible.

Notice of need to take leave should be provided by submitting a request for leave in writing to Human Resources as far in advance as possible, indicating the time needed, when the time will be needed, and the reason for the leave (see policy Attachment #3 Request for Crime Victim Leave)

Request for Victim. Umatilla County will then generally require certification of the need for the leave, such as a police report, protective order or other evidence of a court proceeding, or documentation from a law enforcement officer, attorney, healthcare professional, member of the clergy, or victim services provider.

If more leave than originally authorized needs to be taken, the employee should give Human Resources notice as soon as is practicable prior to the end of the authorized leave. When taking leave in an unanticipated or emergency situation, the employee must give verbal or written notice as soon as is practicable. When leave is unanticipated, this notice may be given by any person on the employee’s behalf.

Finally, employees who are victims of domestic violence, harassment, sexual assault, bias crimes or stalking maybe entitled to a “reasonable safety accommodation” that will allow the employee to more safely continue to work, unless such an accommodation would impose an “undue hardship” on Umatilla County. Please contact Human Resources immediately with requests for reasonable safety accommodations.

FMLA/OFLA

Attachment #1 Certification for Serious Health Condition for Employee and Family Member

Attachment #2 Parental Leave Request

The following is a summary of Family and Medical Leave policy and procedures under the federal Family Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA). The leaves available under these two laws will collectively be referred to as “Family Medical Leave” in this policy unless specified otherwise.

Generally, and as will be discussed, eligible employees are entitled to 12 weeks of unpaid leave for the reasons identified below. Federal and Oregon law prohibits retaliation against an employee with respect to hiring or any other term or condition of employment because the employee asked about, requested or used Family and Medical Leave. In all cases, applicable Oregon and federal laws, rules, policies and collective bargaining agreements govern the employee’s and the Umatilla County’s rights and obligations, not this policy.

Employees seeking further information should contact Human Resources. Please also refer to the “Employee Rights and Responsibilities Under the Family Medical Leave Act” and “Oregon Family Leave Act” notices posted in the Human Resources Office as well as the County intranet, which are incorporated here by reference.

- Definitions

Child/Son or Daughter

For purposes of OFLA, “child” includes a biological, adopted, foster or stepchild, the child of a registered domestic partner or a child with whom the employee is in a relationship of *in loco parentis*. For purposes of OFLA Serious Health Condition Leave, the “child” can be any age; for all other types of leave under OFLA, the “child” must be under the age of 18 or over 18 if incapable of self-care.

A “son or daughter” is defined by FMLA as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis* who is either under 18 years of age or is 18 years of age or older and “incapable of self-care because of a mental or physical disability” at the time FMLA leave is to commence. FMLA also provides separate definitions of “son or daughter” for FMLA military family leave that are not restricted by age — see below.

Eligible Employee

OFLA - To qualify for OFLA leave for a Serious Health Condition or Sick Child Leave, an employee must have been employed for at least 180 days and worked an average of at least 25 hours per week.

Parental Leave - To qualify for Parental Leave under OFLA, an employee must have been employed for at least 180 days (no per-week hourly minimum is required).

OMFLA - For purposes of Oregon Military Family Leave Act leave, the employee need have only worked 20 hours per week (no minimum length of employment required). A different calculation method applies for reemployed service members under USERRA who seek OMFLA leave; see Human Resources for more information.

FMLA - Employees are eligible for FMLA leave if they have worked for a covered employer for at least one year (which may be based on separate stints of employment) and for 1,250 hours during the 12 months preceding the date leave is to begin.

Public Health Emergency Leave - Employees are eligible to take any OFLA leave during a Public Health Emergency if they have worked: (a) more than 30 days immediately before the date on which the leave would begin; or (b) an average of 25 hours per week in the 30 days immediately before the date on which the leave would begin. This is available to employees who are eligible for OFLA only. See the definition of “public health emergency” below.

Leave under FMLA and OFLA will run concurrently when permitted. If applicable, leave under FMLA and OFLA will also run concurrently with Paid Leave Oregon leave – see Paid Leave Oregon policy below.

Family Medical Leave

This includes all the types of leave identified in the section below, entitled “Reasons for Taking Leave,” unless otherwise specified.

Family Member

- For purposes of FMLA, “family member” is defined as a spouse, parent or a “son” or “daughter” (defined above).
- For purposes of OFLA, “family member” includes (1) the eligible employee’s spouse, registered domestic partner, sibling/step-sibling, parent, grandparent, child, or grandchild; (2) the spouse, or registered domestic partner of the eligible employee’s sibling/step-sibling, parent, grandparent, child or grandchild; or (3) Any individual related by blood or affinity whose close association with an eligible employee is the equivalent of a family relationship.

Serious Health Condition

“Serious health condition” is defined under FMLA and OFLA as an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a healthcare provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Under OFLA only, “serious health condition” includes any period of absence for the donation of a body part, organ or tissue, including preoperative or diagnostic services, surgery, post-operative treatment and recovery.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a healthcare provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition.

Other conditions may meet the definition of a “serious health condition;” see Human Resources for more information. The common cold, flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, and cosmetic treatments (without complications), are examples of conditions that are not generally defined as serious health conditions.

Public Health Emergency

For purposes of OFLA only, a “public health emergency” is a public health emergency declared under ORS 433.441 or an emergency declaration declared under ORS 401.165. Examples of this include when the State of Oregon declared a COVID-19 state of emergency in March 2020 and the wildfire state of emergency in June 2021.

• Reasons for Taking Leave

Family Medical Leave may be taken under any of the following circumstances:

1. Call to Active Duty Leave: Eligible employees with a spouse, son, daughter or parent on active duty or call to active duty status in the regular Armed Forces, National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain “qualifying exigencies.” “Qualifying exigencies” may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. This type of leave is available under FMLA only; however, under OFLA, specifically under the Oregon Military Family Leave Act, during a period of military conflict, as defined by the statute, eligible employees with a spouse or registered domestic partner who is a member of the Armed Forces, National Guard, or military reserve forces of the U.S. and who has been notified of an impending call or order to active duty, or who has been deployed, is entitled to a total of 14 days of unpaid leave per deployment after the military spouse or registered domestic partner has been notified of

an impending call or order to active duty and before deployment and when the military person is on leave from deployment.

2. Employee's Serious Health Condition Leave: To recover from or seek treatment for an employee's serious health condition, including pregnancy-related conditions and prenatal care.
3. Family Member's Serious Health Condition Leave: To care for a family member with a serious health condition.
4. Parental Leave: For the birth of a child or for the placement of a child under 18 years of age for adoption or foster care. Parental leave must be completed within 12 months of the birth of a newborn or placement of an adopted or foster child.
5. Pregnancy Disability Leave: For incapacity due to pregnancy, prenatal medical care or birth.
6. Servicemember Family Leave: Eligible employees may take up to 26 weeks of leave to care for a "covered servicemember" during a single 12-month period. A "covered servicemember" is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform their duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. Under some circumstances, a veteran will be considered a "covered servicemember." This type of leave is available under FMLA only.
7. Sick Child Leave: To care for a child who suffers from an illness or injury that does not qualify as a serious health condition but that requires home care. This type of leave does not provide for routine medical and dental appointments or issues surrounding the availability of childcare when the child is not ill or injured. Sick child leave is not available if another family member is able and willing to care for the child. This type of leave is available only to employees who are eligible under OFLA.
8. Bereavement Leave. This type of leave is addressed under OFLA and may be used to deal with the death of a Family Member by attending the funeral of the Family Member, making arrangements necessitated by the death of the Family Member, or grieving the Family Member's death. See also the Bereavement Leave Section for more information.

- Length of Leave

In any one-year period, eligible employees may take:

- Up to 12 weeks of Parental Leave, Serious Health Condition Leave (employee's own or family member), Sick Child Leave, or Call to Active Duty Leave;
- An additional 12 weeks of leave may be available to an eligible employee for an illness, injury or condition related to pregnancy or childbirth that disables the employee;
- Employees who take the entire 12 weeks of OFLA Parental Leave may be entitled to an additional 12 weeks of OFLA Sick Child Leave; and/or
- Up to two weeks of Bereavement Leave after the death of a Family Member (OFLA only).

When leave is taken for Servicemember Family Leave, an eligible employee may take up to 26 weeks of leave during the One-Year Period to care for the servicemember. During the One-Year Period in which Servicemember Family Leave is taken, an eligible employee is entitled to a combined total of 26 weeks of FMLA Leave (some of which may include other types of FMLA-specific leaves of absence).

- One-Year Period

The "12-month period" during which leave is available (also referred to as the "One-Year Period") is a period of 52 consecutive weeks beginning on the Sunday immediately preceding the date on which the employee's Family Medical Leave begins.

- Intermittent Leave

Intermittent or reduced schedule leave may be taken during a period of Family Member or Employee Serious Health Condition Leave or Servicemember Family Leave. Additionally, Call to Active Duty Leave may be taken on an intermittent or reduced leave schedule basis. An employee may be temporarily reassigned to a position that better accommodates an intermittent or reduced schedule; employees covered by OFLA will not be reassigned without their expressed consent and agreement. Employees must make reasonable efforts to schedule planned medical treatments to minimize disruption of Umatilla County operations, including consulting management prior to the scheduling of treatment in order to work out a treatment schedule which best suits the needs of both Umatilla County and the employee. Intermittent leave for Parental Leave is not available.

- Employee Responsibilities – Notice

Employees must provide at least 30 days' notice before Family Medical Leave is to begin if the reason for leave is foreseeable based on an expected birth, placement for adoption or foster care, planned medical treatment for a serious health condition of the employee or of a family member, or the planned treatment for a serious injury or illness of a covered servicemember (Servicemember Family Leave). If 30 days' notice is not practicable, because of a lack of knowledge of approximately when leave will be required to begin, a change in circumstances, or a medical emergency, notice must be given as soon as practicable. If the situation giving rise to a Sick Child Leave is unforeseeable, an employee must give verbal or written notice to Umatilla County within 24 hours of commencement of the leave.

For Call to Active Duty Leave, notice must be provided as soon as practicable, regardless of how far in advance such leave is foreseeable.

Whether leave is to be continuous or is to be taken intermittently or on a reduced schedule basis, notice need only be given one time, but the employee must let Human Resources know as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown.

If circumstances change during the leave and the leave period differs from the original request, the employee must notify Human Resources within three business days, or as soon as possible. Further, employees must provide written notice to Human Resources within three days of returning to work.

Regardless of the reason for leave, or whether the need for leave is foreseeable, employees will be expected to comply with Umatilla County's normal call-in procedures. Employees who fail to comply with Umatilla County's leave procedures may be denied leave, subject to discipline, or the start date of the employee's Family Medical Leave may be delayed.

- Certification

Generally speaking, employees must provide sufficient information for Umatilla County to determine if the leave may qualify for FMLA or OFLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a healthcare provider, or circumstances supporting the need for either Call to Active Duty or Servicemember Family Leave.

Employees also must inform the Umatilla County if the requested leave is for a reason for which FMLA leave was previously taken or certified. Additionally:

1. Employees requesting serious health condition leave for themselves or to care for a covered family member will be required to provide certification from the healthcare provider of the employee or the covered family member to support the request.
2. Employees requesting sick child leave under OFLA may be required to submit, at a minimum, a note from a doctor if the employee has requested to use more than three days (i.e., one three-day occurrence or three separate instances) of sick child leave within a one-year period.

Employees must furnish Umatilla County’s requested medical certification information within 15 calendar days after such information is requested by Umatilla County. In some cases (except for leave to care for a sick child), Umatilla County may require a second or third opinion, at Umatilla County’s expense. Employees also may be required to submit subsequent medical verification.

Employees will not be asked for, and they should not provide, any genetic information about themselves or a family member in connection with a FMLA/OFLA medical certification.

- **Medical Certification Prior to Returning to Work**

If Family Medical Leave is for the employee’s own serious health condition, the employee must furnish, prior to returning to work, medical certification from their healthcare provider stating that the employee is able to resume work.

- **Substitution of Paid Leave for Unpaid Leave**

Employees are required to use accrued paid leave, including floating holidays, vacation, compensatory time, and sick leave prior to a period of unpaid leave of absence on Family Medical Leave (not applicable to employees using Paid Leave Oregon). Use of accrued paid leaves will run concurrently with Family Medical Leave. If the employee has no accrued paid leave, floating holidays, vacation, compensatory time or sick leave available to use during a Family Medical Leave, the leave will be unpaid. Refer to CBAs for represented employees.

- **Holiday Pay While on Leave**

Employees using vacation pay or sick pay during a portion of approved Family Medical Leave in which a holiday occurs will qualify to receive holiday pay. Employees who are on unpaid leave during a holiday will not qualify to receive holiday pay.

- **On-the-Job Injury or Illness**

Periods of employee disability resulting from a compensable on-the-job injury or illness will qualify for FMLA Leave if the injury or illness is a “serious health condition” as defined by applicable law.

OFLA leave will not be reduced by and will not run concurrently with any period the employee is unable to work because of a disabling compensable on-the-job injury; however, if the injury or illness is a “serious health condition” as defined by Oregon law and the employee has refused a bona fide offer of light-duty or modified employment, OFLA leave will commence.

If the employee’s serious health condition is the result of an on-the-job injury or illness, the employee may qualify for workers’ compensation time-loss benefits.

If an employee is on approved FMLA or OFLA Leave, Umatilla County will continue the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. An employee wishing to maintain health insurance during a period of approved FMLA or OFLA leave will be responsible for bearing the cost of their share of group health plan premiums which had been paid by the employee prior to the FMLA/OFLA leave. Employees will not accrue vacation, sick leave or other benefits (other than health insurance) while the employee is on an unpaid FMLA or OFLA leave. The leave period, however, will be treated as continuous service.

Job Protection

Employees returning to work from Family Medical Leave will be reinstated to their former position. If the position has been eliminated, the employee may be reassigned to an available equivalent position. Reinstatement is not guaranteed if the position has been eliminated under circumstances where the law does not require reinstatement.

Employees are expected to promptly return to work when the circumstances requiring Family Medical Leave have been resolved, even if leave was originally approved for a longer period. If an employee does

not return to work at the end of a designated Family Medical Leave period, reinstatement may not be available unless the law requires otherwise.

The use of Family Medical Leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Employees who work for other employers during a "serious health condition" leave may be subject to discipline up to and including termination. Additionally, all employees who use Family Medical Leave for reasons other than the reason for which leave had been granted may be subject to discipline up to and including termination.

- **Restoration of Leave Bank at Time of Re-Employment**

An employee who leaves employment with Umatilla County for any reason may be eligible for OFLA leave if they are re-employed by Umatilla County within 180 days of the separation and if the employee was eligible for OFLA leave at the time of the separation.

EXTENDED MEDICAL LEAVE WITHOUT PAY

Any employee with a qualifying condition as defined in Oregon Sick Leave, FMLA/OFLA or PLO who by medical certification needs additional time off may request a leave up absence without pay not to exceed ninety (90) consecutive days. In no case will leave be approved if it creates an undue hardship for Umatilla County.

All requests for leave shall be in writing, shall be directed to Human Resources containing a medical certification with reasonable justification for approval. Approval or denial shall be in writing. Attachment #7 Leave Without Pay Request

PAID LEAVE OREGON (PLO)

Paid Leave Oregon (PLO) is a state-run program, administered by the Oregon Employment Department (OED), that allows eligible employees to take up to 12-weeks of paid time off per benefit year, for the following reasons:

- *Family leave* – for an employee to care for an eligible family member with a serious illness or injury, or to bond with a new child after birth, adoption, or foster care placement.
- *Medical leave* – for an employee experiencing their own serious health condition or disability due to pregnancy.
- *Safe leave* – for an employee or eligible child dependent experiencing issues related to sexual assault, domestic violence, harassment, bias or stalking.

The PLO program also allows employee to take an additional two (2) weeks of paid leave for pregnancy, childbirth, or related medical conditions.

An additional four (4) weeks of unpaid leave is also allowed for other OFLA-protected reasons if the employee is eligible under OFLA.

Notification Requirements

Although the Paid Leave Oregon program is administered by the Oregon Employment Department (OED), employees are required to notify the Human Resources Department when they have applied for PLO leave.

Attachment #4 Paid Leave Oregon – Notice of Leave Request

Attachment #5 Paid Leave Oregon – Supplemental Leave Request

Foreseeable Leave: If the need for Paid Leave is foreseeable or planned, the employee is required to provide Human Resources at least 30 days' written notice before paid leave is to begin. Written notice should be submitting using the Notice of Leave Request Form (request from HR or available on the County's intranet.)

Unforeseeable: If the need for Paid Leave is unforeseeable or unplanned, an employee is required to provide oral notice to Human Resources within 24 hours of the start of the leave, and the employee must also provide written notice within three (3) days after the start of the leave. Written notice should be submitted using the Notice of Leave Request Form (request from HR or available on the County's intranet.)

If the employee's dates of scheduled leave change, are extended by PLO, or if the reason for leave becomes known and/or, if circumstances change during the leave and the leave period differs from the original notice, the employee must notify Human Resources within three business days, or as soon as possible.

Regardless of the reason for leave, or whether the need for leave is foreseeable, employees are expected to comply with your Department/Division's normal call-in procedures.

Under Oregon law, an employee who fails to follow these notification requirements may receive reduced PLO benefits; specifically, the first weekly benefit amount will be reduced by 25 percent (the penalty calculated for leaves that are taken in increments of less than a full work week differs). See OAR 471-070-1310(9) and (10).

Concurrent use of FMLA/OFLA Leave

As allowed by law:

If an employee's Paid Leave is also eligible for protected leave under the Oregon Family Leave Act (OFLA) and/or the Family Medical Leave Act (FMLA), OFLA/ FMLA leave must be taken concurrently with Paid Leave.

Employees must provide sufficient information for Umatilla County to determine if the Paid Leave qualifies for FMLA/OFLA leave. Employees who have applied for Paid Leave benefits are required to complete a FMLA/OFLA Health Care Provider Certification for Serious Health Condition Request Form and return it to Human Resources.

If an employee is eligible for FMLA and/or OFLA leave due to a "serious health condition" or has a family member with a "serious health condition", employees must furnish Umatilla County Human Resources medical certification information as required by the County's FMLA/OFLA policy. (OFLA/FLMA Health Care Provider Certification for Serious Health Condition Request Form as part of Policy 4.3).

Accrued Leave and Holiday Pay While on Leave

Employees using accrued leave in addition to receiving PLO benefits will continue to accrue sick, vacation, and other employer-provided benefits. Employees who do not use accrued leave while on PLO will not accrue sick, vacation, or other employer-provided leave for any portion of unpaid leave including holiday pay.

Benefits While on Leave

If an employee is receiving Paid Leave benefits, Umatilla County will continue pay the employee's medical, dental, and life premiums, on the same terms as if the employee had continued to work. The employee is responsible for paying their share of premiums, the same as when premiums were paid by the employee, prior to receiving Paid Leave benefits.

Medical Certification Prior to Returning to Work

If an employee uses more than three consecutive workdays for their own serious health condition, and the Paid Leave is used concurrently with FMLA and/or OFLA, prior to returning to work the employee must furnish, medical certification from their health care provider stating that the employee is able to resume work.

Job Protection

Employees who have worked for Umatilla County for more than 90 consecutive calendar days prior to taking Paid Leave will be reinstated to their former position, if the position still exists. If the position has been eliminated, the employee may be restored to a similar position with similar job duties with the same employment benefits and pay.

Reinstatement is not guaranteed if the position has been eliminated under circumstances where the law does not require reinstatement.

Employees are expected to promptly return to work when the circumstances requiring Paid Leave have been resolved. If an employee does not return to work at the end of a Paid Leave, reinstatement may not be available.

Employees who work for other employers while taking PLO leave may be subject to discipline up to and including termination. Additionally, all employees who use PLO leave for reasons other than the reason for which leave had been granted may be subject to discipline up to and including termination.

Use of Accrued Leave to Supplement Paid Leave Oregon Benefit

Paid Leave Oregon benefits will not provide the majority of employees with 100% of their gross regular wages, so employees receiving PLO benefits, may choose to supplement their PLO benefits in accordance with paid leave balances for sick, vacation, comp-time, Floating Holiday, or Birthday up to 100% of the employee's regular gross wage. When PLO Benefits and supplemental employer compensation are added together, the amount paid cannot exceed the employee's regular gross monthly wage.

To request use of employer compensation, employees are required to complete, sign, and then submit, a Supplemental Leave Request, along with their PLO Benefit Determination Letter, no later than the 20th of the month prior to payday. Umatilla County will then determine the amount of accrued leave, within County policy, needed to equal approximately 100% of the employee's regular gross wages. Failure to complete, sign, and return the Supplemental Leave Authorization Form to Umatilla County Human Resources in a timely manner may result in the employee not being allowed to use employer compensation to supplement PLO benefits.

Complaint Procedure

The Umatilla County prohibits retaliation against an employee with respect to hiring or any other term or condition of employment because the employee asked about, requested, or used Paid Leave.

Who to Contact for More Information

For more information, or if you have questions about the Paid Leave Oregon policy, contact Human Resources.

For more information about the PLO program, including steps for applying for PLO benefits and contact information, go to <https://paidleave.oregon.gov/>

A poster with Paid Leave Oregon information, including information about how to apply for benefits is available on the intranet or by contacting Human Resources.

HARDSHIP

Umatilla County Exempt Employees may donate accrued vacation leave and/or a maximum of 24 hours of sick leave and unlimited hours of vacation/comp leave in 4 hour increments in a calendar year to any fellow benefitted employees who has completed six (6) full months of employment and who, as a result of a serious

illness or injury has exhausted all leaves and are facing the hardship of non-paid leave. Refer to CBAs for represented employees.

Procedure

When an employee is facing the hardship of a no-pay situation due to serious illness or injury that has reduced that employee's sick, vacation, and compensatory leave balances to zero, the affected employee may request that leave be donated. Requests for donation should set forth in general the need for the donation and the name and department of the affected employee, using the Hardship Approval Request (attachment #5). Requests will be forwarded to Human Resources. If the situation qualifies as a serious illness or injury and all leave have been exhausted, Human Resources will circulate the request to all County employees through email. Donations will be dated by the donors or date stamped in order of donation and Human Resources will maintain a confidential list of by whom, how much and when such donations were made. If donations in excess of the specific need are received, surplus donations will be returned to the donors in reverse order of donation. If donated time is returned to the donor and it causes the donor to exceed the vacation cap, the donor shall have up to one month to use the time over the cap. Employees will at no time solicit donations. Each year, an employee may receive no more than the greater of 12 weeks of donated leave or the equivalent of the maximum amount of time allowed under the FMLA or OFLA applicable to the employee's situation. Leave shall be donated in increments of four (4) hours and the number of hours of donated leave will be credited to the sick leave account of the employee to who they are donated. Donations must be received consecutively and once the employee reaches a no pay status, additional time may not be donated

Attachment #6 Hardship Donation Request

If donations are received after the 20th of the month, they will be available for use in the months to follow and will not be retro-active. Human Resources shall maintain and administer the process.

MILITARY LEAVE

Employees who wish to serve in the military and take military leave should contact Human Resources for information about their rights before and after such leave

All employees who are members of the National Guard, National Guard Reserve or of any reserve component of the Armed Forces of the United States or of the United States Public Health Service are entitled to a paid leave of absence from duties for a period not exceeding 21 work days in any federal fiscal year (October 1st through September 30th) for training, provided the employee is employed at least six months prior to the leave. Employees who have not worked for the Umatilla County for six months will also receive up to 21 work days in any federal fiscal year for the same purposes, but such leave will not be paid. Employees are not required to take their leave in one block of time but may use the paid leave allowed under this rule over the course of the federal fiscal year. The actual number of paid work hours allowed is dependent on the employee's standard work schedule but must be consistent with the intent of this rule. Employees may use military leave for active duty or inactive duty for training, state active duty and duty under Title 10 or 32 of the United States Code.

You are entitled to reinstatement upon completion of military service, provided you return or apply for reinstatement within the time allowed by law.

The total number of paid days for both training and active duty shall not exceed the total amount allowed above in any federal fiscal year.

Absences incurred for additional active duty or inactive duty for training, state active duty and duty under Title 10 or 32 of the United States Code may be charged to accrued paid time off such as vacation or compensatory time or taken as unpaid leave. (ORS 408.240 – USERRA 38 USC 4312)

Unpaid

An employee shall be entitled to a military leave of absence without pay during a period of service with the armed forces of the United States for reasons specified in ORS 408.240 and Uniformed Services Employment and Re-employment Rights Act (USERRA)

38 USC 4312. Upon separation from the service under Honorable, or such other conditions not arising out of disciplinary proceedings, be returned to their last position held at the salary rate prevailing for such class and without loss of seniority. If it is established that they are not physically qualified to perform the duties of their former position by reason of such service, they shall be reinstated in other work that they are able to perform at the nearest available level of pay of their former class. Such employees shall make application for reinstatement within ninety (90) days of discharge and shall report for employment within three (3) months following separation from active duty. This benefit shall not exist past those terms as listed in ORS 408.240.

Military leave with pay shall be granted only when an employee receives and provides the County with bonafide orders to temporary active or training duty. ORS 408.290.

JURY DUTY

Umatilla County will grant employees paid time off for mandatory jury duty and/or jury duty orientation. A copy of the court notice must be submitted to the employee's manager to verify the need for such leave.

The employee is expected to report for work when doing so does not conflict with court obligations. It is the employee's responsibility to keep their supervisor or manager informed about the amount of time required for jury duty.

Employees are required to transfer any compensation, other than mileage, received for the performance of such duty to the County Finance Department.

WITNESS DUTY

Time spent serving as a witness in a work-related, legal proceeding will be treated as time worked for pay purposes, provided the time served occurs during regularly scheduled hours, the employee is subpoenaed to testify, and the employee submits witness fees to the Finance Department upon receipt.

Except for employee absences covered under Umatilla County's "Crime Victim Leave Policy" or "Domestic Violence Leave and Accommodation Policy," or PLO Safe Leave, employees who are subpoenaed to testify in non-work-related legal proceedings must use any available vacation or comp-time to cover their absence from work. If the employee does not have any available vacation time, the employee's absences may be unexcused and may subject the employee to discipline, up to and including termination. Employees must present a copy of the subpoena served on them to their supervisor for scheduling and verification purposes no later than 24 hours after being served.

CONFERENCES AND CONVENTIONS

Decisions concerning attendance at conferences, conventions or other meetings at County expense shall be made by the Department Head with the approval of the Board of Commissioners. Permission shall be granted on the basis of the following: 1) an employee's participation in or the direct relation of their work to the subject matter of the meeting, 2) the expense involved with such conference or convention and 3) the length of such conference or convention. Members of professional societies may be permitted to attend meetings of their society when such attendance is considered to be in the best interest of the County or otherwise if in a leave status.

OTHER

Authorized duties in connection with County business.

NATURAL DISASTERS

In the event the County has been declared a disaster area by act or proclamation of the Board of Commissioners, employees engaged in rescue or related duties because of a natural disaster shall be paid their regular salary.

BENEFITS

Employee benefits shall not be forfeited while an employee is on leave with pay.

John M. Shafer, Chair

Date Adopted

Policy Attachments are as follows:

Attachment #1 Certification for Serious Health Condition for Employee and Family Member

Attachment #2 Parental Leave Request

Attachment #3 Request for Crime Victim Leave

Attachment #4 Paid Leave Oregon – Notice of Leave Request

Attachment #5 Paid Leave Oregon – Supplemental Leave Request

Attachment #6 Hardship Donation Request

Attachment #7 Leave Without Pay Request

HEALTH CARE PROVIDER CERTIFICATION FOR SERIOUS HEALTH CONDITION

This optional form is designed to help determine if an employee is eligible for leave under either or both the federal **Family and Medical Leave Act (FMLA)** and/or the **Oregon Family Leave Act (OFLA)**.

▲ Indicates that an affirmative answer to this question is *not required* for OFLA or concurrent OFLA & FMLA leave.

* Indicates categories that qualify as OFLA leave *only*.

Employers are *not required* to use this form in order to designate leave as OFLA or FMLA protected.

Information sought on this form relates only to the condition for which the employee is taking leave.

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) *and the Oregon Family Leave Act (OFLA)* provide that an employer may require an employee seeking FMLA/OFLA protections because of a need for leave to care for a covered family member with a serious health condition or *because of a need for leave due to employee's own serious health condition* to submit a medical certification issued by the health care provider of the covered family member *or a medical certification issued by the employee's own health care provider, whichever is appropriate*. 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, 29 C.F.R. § 825.500(g), and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies. This also applies to OFLA. ORS 659A.186(2); ORS 659A.136.

Employer name: Umatilla County

Employer contact: Stephanie Barnett, Phone: (541) 278-6206 Fax: (541) 278-6374

If this form is being completed for employee's own serious health condition, please also provide the following information:

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 *patient's (your own or your covered family member's)* health care provider. FMLA/OFLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA/OFLA leave due to your own *or your covered family member's* serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA/OFLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in delay or denial of FMLA protection. 29 C.F.R. § 825.313. Your employer must give you 15 calendar days to return this form. 29 C.F.R. § 825.305(b), OAR 839-009-0260(4).

Employee's Name: _____

Patient's Name (if different from employee): _____

If patient is a child, date of birth (mm/dd/yyyy): ___/___/_____

Patient's Relationship to Employee (if employee is not the patient):

- | | |
|--|---|
| <input type="checkbox"/> Spouse, or | <input type="checkbox"/> (*OFLA only) Same-gender Domestic Partner |
| <input type="checkbox"/> Parent, or | <input type="checkbox"/> (*OFLA only) Parent-in-law, or |
| | <input type="checkbox"/> (*OFLA only) Parent of employee's same-gender Domestic Partner |
| <input type="checkbox"/> Child, or | <input type="checkbox"/> (*OFLA only) Child of employee's same-gender Domestic Partner |
| <input type="checkbox"/> Employee is currently in loco parentis (see definition below) to patient who is under age 18 or incapable of self-care due to disability. (Employee has financial or day-to-day responsibility for care of the patient – covered by OFLA and FMLA) | |
| <input type="checkbox"/> (*OFLA only) Employee was in loco parentis to patient. (Employee had financial or day-to-day responsibility for care of the patient when the patient was under 18 – OFLA only) | |
| <input type="checkbox"/> Patient was in loco parentis to employee (Patient had financial or day-to-day responsibility for care of the employee when employee was under 18) | |
| <input type="checkbox"/> Grandparent (*OFLA only) | |
| <input type="checkbox"/> Grandchild (*OFLA only) | |

"In loco parentis" means in the place of a parent, having financial or day-to-day responsibility for the care of a child. A legal or biological relationship is not required.

(*OFLA only) Check here if requesting "Sick Child Leave", which is available under OFLA for a child's non-serious health condition. (Completion of this form is only necessary *after* a 3rd occurrence of using Sick Child Leave during a "leave year".)

Employee Signature: _____

SECTION III : For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Either your patient has requested leave under the FMLA/OFLA *or the employee listed above has requested leave under the FMLA/OFLA to care for your patient.* 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/OFLA coverage. Limit your responses to the condition for which the employee is seeking leave.

Printed Name of Physician/ Practitioner

Date Signed

Signature of Physician/ Practitioner

Type of Practice/ Field of Specialization

Address

Phone Number

PART A: MEDICAL FACTS

Note: *If this form is being used for the purposes of filing for the certification of OFLA’s non-serious health condition of a child, only complete # 1*.*

- 1) Approximate date condition commenced: _____
- a) Probable duration of condition: _____
- b) Was the patient admitted for inpatient care in a hospital, hospice, or residential medical care facility?
No- Yes- If “yes”, dates of admission: _____
- c) Date(s) you treated the patient for the condition: _____
- d) Was medication, other than over-the-counter medication, prescribed? No- Yes-
- e) Will the patient need to have treatment visits at least twice per year due to the condition?
No- Yes-
- f) Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No- Yes- If “yes”, state the nature of such treatments and expected duration of treatment:

2) Is the medical condition pregnancy? No- Yes- If "yes", expected delivery date: _____

3) If patient is EMPLOYEE: 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.

a) Is the employee unable to perform any of his/her job functions due to the condition?

No- Yes-

If "yes", 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 CARE NEEDED When answering these questions, keep in mind that your patient's need for care may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

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

If "yes", estimate the beginning and end dates for any period of incapacity: _____

If this certification relates to the employee's seriously ill family member(s), also complete the following:

a) Does the patient require assistance for basic medical or personal needs or safety, or for transportation? No- Yes-

b) Would the employee's presence to provide psychological comfort be beneficial or assist in the patient's recovery? No- Yes-

c) If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration and frequency of this need: _____.

Please explain the care needed by the patient: _____

▲ Affirmative answer to the following question is not required for OFLA or concurrent OFLA/FMLA leave.

↳ Is this care medically necessary? No- Yes-

6) 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:

▲ Affirmative answer to the following question is not required for OFLA or concurrent OFLA/FMLA leave.

↳ Is this care medically necessary? No- Yes-

7) Will it be necessary for the employee to take leave only intermittently or to work on a less than full-time schedule basis because of the condition or treatment? No- Yes-

If "yes", expected duration: _____

Frequency (Check One):

- One (1) to two (2) days per month
- Two (2) to three (3) days per month
- Three (3) to four (4) days per month
- Other - *Explain*: _____

Please explain how employee will use leave intermittently, being as specific as possible including frequency and duration of absences: _____

8) Will the patient require a regimen of treatment? No- Yes-

If "yes", describe the nature of the treatments: _____

Estimated number of treatments: _____

Estimated interval between treatments: _____

Estimated or actual dates of treatments: _____

What is the duration (and any period required for recovery) for a treatment?

▲ Affirmative answer to the following question is not required for OFLA or concurrent OFLA/FMLA leave.

↳ Is this care medically necessary? No- Yes-

PARENTAL LEAVE REQUEST

Employee's Name: _____

Employee's Department: _____

Pursuant to the PARENTAL LEAVE Policies I am hereby requesting that my PARENTAL LEAVE begin approximately on _____ and continue through approximately _____.

The purpose of my leave request is necessitated by:

_____ 1) The birth of a child, anticipated date to be _____

_____ 2) The adoption of a new child, under the age of six (6) years, anticipated date of physical custody to be _____.

You may be eligible for Pregnancy Disability Leave. You must notify Human Resources if you think you qualify for additional protected leave. Should such circumstance arise a new request must be made under the regular procedures.

Special Request Notations:

Thank you for your consideration.

Employee Signature

Date

HUMAN RESOURCES USE ONLY

Received completed form: _____

Responded to Employee: _____

EMPLOYEE REQUEST FOR CRIME VICTIM LEAVE

Date of Request: _____

Employee Name: _____

As the result of a personal felony, a family member has suffered (please check all that apply):

_____ Financial harm

_____ Social harm

_____ Psychological harm

_____ Physical harm

_____ Other: _____

Leave is requested to help one or more of the following immediate family members (please check all that apply):

_____ Spouse

_____ Domestic Partner

_____ Father

_____ Mother

_____ Sibling

_____ Child

_____ Stepchild

_____ Grandparent

_____ Other: _____

Supporting Documentation (please check all that apply):

_____ Law enforcement documents: _____

_____ Police report

PAID LEAVE OREGON - NOTICE OF LEAVE REQUEST

| | |
|--------------------|------------------|
| First Name: | Last Name |
| | |

Type of Leave: (Check one) See below for information about each leave type.

| | | | |
|--------------------------|--------------|--------------------------|---------------|
| <input type="checkbox"/> | Family Leave | <input type="checkbox"/> | Medical Leave |
| <input type="checkbox"/> | Safe Leave | | |

Explanation of the need for leave:

| |
|--|
| |
|--|

| | |
|--------------------------------|--|
| Anticipated Start Date: | |
|--------------------------------|--|

| | |
|------------------------------|--|
| Anticipated End Date: | |
|------------------------------|--|

| | |
|---|--|
| Anticipated Return Date, if different than End Date: | |
|---|--|

Employees Signature

Received by

Date

Date

OREGON PAID LEAVE - SUPPLEMENTAL LEAVE REQUEST

MUST ATTACH YOUR PLO DETERMINATION LETTER TO THIS FORM AND RETURN IT TO HUMAN RESOURCES NO LATER THAN THE 20TH OF THE CURRENT MONTH

NAME: _____

DEPARTMENT: _____

DATE: _____

I hereby request, Umatilla County utilize my available leave to supplement my state authorized PLO as follows
(leave will be utilized in quarter hour increments):

_____ Please utilize all my available leave in accordance with PLO Policy 4.3b.

_____ Please utilize my available leave balances as follows:

- Sick _____/hours
- Vacation _____/hours
- Comp-time _____/hours
- FH/BD _____/hours

_____ I decline utilization of my available leave.

Employee Authorization

Date

HARDSHIP DONATION REQUEST

ACCEPT DECLINE

Date of Request: _____

Employee's Name: _____

Employee's Department: _____

Supervisor's Authorization: _____

Brief description of hardship situation:

Estimated number of hours needed: _____

Expected duration of hardship leave: _____ week(s)

Note: Please return to Human Resources via interoffice, in person or by email

HUMAN RESOURCES USE ONLY

Received completed form: _____

Request sent to CountyStaff email: ___/___/202__

LEAVE WITHOUT PAY REQUEST

Date of Request:

Employee's Name:

Employee's Department:

Supervisor's Authorization:

- The specific reason you need leave (we do not need information about your diagnosis, just information about why leave is necessary at this time).
- The amount of additional leave needed.
- The likelihood that additional leave will enable you to return to work.
- Are any accommodations other than (or in addition to) leave that may be effective for you.

I hereby request a leave of absence without pay, not to exceed 90 calendar days under Umatilla County Personnel Policy 4.3

Employee Signature

Date

PLEASE RETURN TO HUMAN RESOURCES

APPROVED:

HUMAN RESOURCES DIRECTOR

DATE

BOARD OF COMMISSIONER
CHAIR

DATE

UMATILLA COUNTY PERSONNEL POLICIES

| | |
|------------------------------|-------------------------------|
| <u>POLICY TITLE:</u> | PERS Retirement |
| <u>POLICY NUMBER:</u> | 4.7 |
| <u>EFFECTIVE:</u> | 2024 |
| <u>REVIEWED:</u> | 1997, 2004, 2009, 2024 |

I. RETIREMENT PLAN

The County will maintain retirement plans for eligible employees, as follows:

A. Under the Oregon Public Employees Retirement System (PERS) for all eligible employees (e.g., generally, those who commenced public employment before August 28, 2003).

B. Under the Oregon Public Service Retirement Plan (OPSRP) for all eligible employees hired on or after August 29, 2003.

The eligibility requirements shall be those established in state law (e.g., ORS Chapter 238). Employees will be either PERS-Tier 1, PERS - Tier 2, or OPSRP members, depending on their eligibility under the applicable state laws.

The County will pay the 6% PERS/OPSRP employee contributions for all benefitted employees. Non-benefitted employees will be responsible for paying their own 6% employee contribution.

The rights of employees upon retirement or termination of service with the County shall be governed by the state law which applies at that time.

Employment or re-employment of PERS/OPSRP retirees by the County must be in compliance with all applicable PERS/OPSRP and IRS provisions.

II. WORK BACK AFTER RETIREMENT

Retirees may work for Umatilla County for an unlimited number of hours while continuing to receive their pension benefit through December 31, 2034, based on SB 1049 and updated HB 2296.

Retirees may continue to receive PERS retirement benefits (but not accrue any new retirement benefits) and;

Receive wages from your employer; and

Have no limitations to the number of hours you can work. Restrictions may apply if you retired early from PERS, or if you are receiving Social Security retirement benefits and have not reached "full retirement age" under Social Security.

*Note: You must have retired at or after "normal retirement age" (Tier One/Tier Two, OPSRP) or with 30 years of service (25 years for most Police and Fire members) to be eligible for unlimited retiree hours under SB 1049.

The existing, pre-SB 1049 limitations and exceptions continue to apply to early retirees that do not have a six-month break.

If you are a Tier One/Tier Two early retiree without a six-month break, you may be employed by a PERS-participating employer and continue to receive your retirement benefits as long as you do not work 1,040 hours or more in a calendar year.

If you are an OPSRP early retiree without a six-month break, you may be employed by a PERS-participating employer and continue to receive your retirement benefits as long as you do not work 600 hours or more in a calendar year.

If you retire/retired earlier than normal retirement age, you must have a complete break in all PERS-participating employment for at least six months in order to be eligible for unlimited retiree hours under SB 1049. Otherwise, the existing Tier One/Tier Two and OPSRP limits of working less than 1,040 and 600 hours, respectively, apply.

If you are receiving Social Security benefits and have not reached “full retirement age” (FRA) under Social Security, the Social Security Administration and PERS have additional limitations on your employment. If you have not reached FRA, you may need to limit your hours to stay within the income allowed under the annual Social Security income limits.

III. BENEFITED POSITIONS

This section does not apply to disability or early retirement.

A. CURRENT EMPLOYEES

Employees may retire in their PERS/OPSRP covered position and remain employed in their current capacity without interruption of wages, benefits, or service credit, subject to PERS rules and hour limitations.

On the last work day preceding the employee’s PERS retirement date, employees will receive lump-sum payout of any vacation/comp/floating or birthday holiday time. Sick leave balances shall be retained and reported to PERS if applicable.

Umatilla County will continue to contribute to PERS as required by applicable state law.

B. NEW EMPLOYEES

PERS/OPSRP retirees who are hired into County benefitted positions will be subject to all Policy, Collective Bargaining Agreements (if applicable), wages, benefits, and accruals afforded to the position for which they are hired.

IT IS THE DUTY OF THE EMPLOYEE, AND NOT THE COUNTY, TO DETERMINE, MONITOR AND ASSURE THAT THE EMPLOYEE’S RIGHTS, DUTIES AND INTERESTS IN CONNECTION WITH THIS LIMITATION ARE PROTECTED, INCLUDING THE DUTY TO ASSURE THAT THEIR ALLOWED HOURS ARE NOT EXCEEDED.

IV. NON-REGULAR - NON-BENEFITTED POSITIONS

Employment consideration into a non-regular, non-benefitted position shall be contingent upon position availability and is not intended to take the place of regular Union negotiated positions.

A. CURRENT EMPLOYEES

Current regular benefitted employees who retire with PERS/OPSRP and wish re-employ into available/BCC approved positions working 1039 hours or less within the calendar year DO NOT accrue any benefits, including medical/dental insurance, paid vacation, etc. However, they may exercise COBRA and other rights accrued as a result of prior employment.

B. NEW EMPLOYEES

PERS/OPSRP retirees who are hired into County non-benefitted positions will be subject to all Policy, Collective Bargaining Agreements (if applicable), and wage scale of the position. Employees working in this capacity will be compensated at Step 1 of the applicable salary schedule.

V. EMPLOYEE RESPONSIBILITIES

IT IS THE DUTY OF THE EMPLOYEE, AND NOT THE COUNTY, TO DETERMINE, MONITOR AND ASSURE THAT THE EMPLOYEE'S RIGHTS, DUTIES AND INTERESTS IN CONNECTION WITH THIS LIMITATION ARE PROTECTED, INCLUDING THE DUTY TO ASSURE THAT THEIR ALLOWED HOURS ARE NOT EXCEEDED.

Any PERS/OPSRP retiree shall submit a retirement work-back request with the County at least 60 days in advance of their retirement date. Employees are encouraged to give as much notice as possible. The application must be initiated with the Department Director in which the employee would be working. A letter must be approved by the Department Director and submitted to Human Resources including all relevant information regarding the position, original retirement date and anticipated work-back duration. If there are any changes to the work-back plan it should be immediately submitted to the Department Director and Human Resources. In addition, the letter MUST state that the applicant has received and read a copy of this policy, understands it, and agrees to all provisions set forth therein.

BOARD OF COMMISSIONERS BY
JOHN M. SHAFER, CHAIR

DATE ADOPTED

UMATILLA COUNTY PERSONNEL POLICIES

| | |
|------------------------------|--|
| <u>POLICY TITLE:</u> | Bilingual English/Spanish Incentive Pay |
| <u>POLICY NUMBER:</u> | 4.17 |
| <u>EFFECTIVE:</u> | 2024 |
| <u>REVIEWED:</u> | 2019, 2024 |

AFSCME Local 3742 CBA and Exempt employees are eligible for this pay.

Definition of Designated Positions:

Positions eligible to receive bilingual English/Spanish incentive pay must meet specific criteria, including:

1. Public contact with regular and frequent use of bilingual skills.
2. Bilingual skills are necessary to provide services and essential to successful performance of official functions;
3. Bilingual skills are an essential element of job duties; and
4. Position performs in a setting where there is a demonstrated public need for the designation.

In the event that an incumbent moves to a position that is not designated as bilingual or if the bilingual designation of a position is removed, the bilingual pay will cease.

Positions which already reflect that bilingual use is compensated by other means, including reduction in job duties, may not be eligible for incentive pay.

Procedures for requesting Bilingual Designation:

1. Department Heads shall request a bilingual designation review by submitting a completed Bilingual Differential Pay Form and providing a detailed written justification to the Human Resources. The justification should describe the need for the designation and the nature and frequency of bilingual duties.
2. The Human Resources may designate occupied positions as bilingual. However, the incumbent is required to pass the proficiency test for the designation to be effective.
3. Applicants or incumbents for a bilingual designated position must pass a bilingual proficiency test to be eligible for bilingual pay.
4. The Department Head may request that a bilingual designation be removed from a position and must provide justification to the Human Resources describing the reasons for the requested change.
5. All designations are subject to the approval of the Human Resources Director.

Testing:

Upon approval employees requesting bilingual English/Spanish incentive pay shall schedule and pass, at their time and expense, the following tests through Language Line Solutions.

To be eligible for incentive pay employees must pass the following tests with scores of a minimum of 3 = High Intermediate+ or higher and Competent = 80% or higher. If tests grade differently than described above HR will set the passing rate.

All Positions: Language Proficiency
 Interpreter Readiness Assessment

Tests and categories are subject to change.

Alternatively, after following all other procedures for Bilingual Designation, employees who complete and pass the Oregon Health Authority Health Care Interpreter Program and receive their certification will be eligible for incentive pay.

If there is any question about which test category applies to a position, Human Resources will make the determination.

Compensation:

Compensation shall be based on successful completion of the Language Line Solutions testing modules appropriate for their department/roles within the County.

Employees who are determined to qualify for bilingual incentive pay as outlined above will receive 5% additional pay. Pay will begin the first of the month following receipt of the certificates of successful completion of the required tests to Human Resources. Employees are responsible for submitting these results.

Upon successful completion of the exams, employee can submit a receipt for the cost of the exam(s) along with their certificate of successful completion to Human Resources for reimbursement of the fees associated with this testing. In no case will Umatilla County reimburse for unsuccessful testing fees.

BOARD OF COMMISSIONERS BY
JOHN M. SHAFER, CHAIR

DATE ADOPTED

BILINGUAL ENGLISH/SPANISH DIFFERENTIAL PAY FORM

Please complete the required information below. Submit the completed form to the Human Resources for review and approval. Attach additional page detailing justification for the request to designate position as bilingual.

Position _____

Department _____

Employee _____

To assign bilingual designation, the position must meet all of the criteria listed below:

- Public contact that require regular and frequent use of bilingual skills.
- Bilingual skills are necessary to provide service to the community and essential to the successful performance of the functions of the department.
- Bilingual skills are an essential element of the job duties for the position. The position performs in a setting where there is a demonstrated public need for the designation.
- In the event that an incumbent moves to a position that is not designated as bilingual or if the bilingual designation of a position is removed, the bilingual pay will cease.
- Positions which already reflect that bilingual use is compensated by other means, including reduction in job duties, may not be eligible for incentive pay.

Incumbent in a position designated as bilingual must possess the ability to converse in English/Spanish as a second language; to read English and translate in writing and orally into Spanish; to read and translate Spanish in writing and orally into English; and write in Spanish. Some positions may require the ability to perform additional special translation and/or writing skills, including medical, legal, and/or other technical terminology, may require regular use of a non-English language in situations that are critical in a “life-and-death” sense and non-routine.

To be eligible for incentive pay employees must pass the tests with scores of a minimum of 3 = High Intermediate+ or higher and Competent = 80% or higher. If tests grade differently than described above HR will set the passing rate.

| | | | |
|--|------|--|--------|
| <i>Department Director</i> | | <i>Human Resources Director</i> | |
| | | Approved: Yes No | |
| _____ | | _____ | |
| Signature | Date | Signature | Date |
| Bilingual designation (position control): | | Add | Remove |

UMATILLA COUNTY PERSONNEL POLICIES

POLICY TITLE: TIMESHEETS

POLICY NUMBER: 4.18

EFFECTIVE: April 1, 2024

REVIEWED: 2024

Umatilla County shall have the exclusive prerogatives, functions and rights for management of employee timekeeping. This policy covers timekeeping requirements for ALL Umatilla County employees identified by Human Resources to be using electronic timesheets.

All employees assigned the electronic system will maintain accurate records of their attendance and are required to record their own time at the beginning and end of each workday in the system, including before and after any mid-shift time off. Employee also must record their time whenever they leave the worksite for any reason other than County business or regular paid breaks/lunches, this includes submissions for time off requests. The daily time record shall reflect the hours worked, vacation and sick leave used, overtime hours worked, compensatory time used when applicable, and other information deemed necessary by the Human Resources Department.

Completing another employee's timesheet, allowing another employee to complete your timesheet, or altering any timesheet, by a non-supervisor/HR, will be grounds for discipline up to and including termination.

Employees are responsible to record their time and submit their daily work hours to their supervisor. Supervisors must then verify accuracy and approve for submission (by the day) to HR for payroll purposes. HR will identify and communicate submission deadlines at the beginning of each month to all supervisors on a monthly basis. Employee daily hours should be equal to the employees regularly scheduled workday including the usage of sick, vacation, comp-time or other approved leave balances. Employees who have received prior approval to work additional hours outside of the workday shall be credited with compensatory time or paid overtime pursuant to applicable CBAs. Early clock-in or clock-out is not authorized without express permission from a supervisor.

Any employee, including supervisors, who fails to accurately record and submit their time and supervisors who fail to manage and verify the accuracy and usage of their direct report's timesheets or the timely submission to HR each month may be subject to discipline.

Falsification of timesheets by ANY employee will be subject to discipline up to and including termination.

BOARD OF COMMISSIONERS BY
JOHN M. SHAFER, CHAIR

DATE ADOPTED