



## ADMINISTRATIVE DIRECTIVE

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	EFFECTIVE DATE	
<b>January 24, 2011</b>		

### I. **PURPOSE**

Administrative Directive 2.01-7, Employee Leaves sets forth the framework for the entire City of Tucson leave policy and relates to the entire Administrative Directive leave series which includes: 2.01-7A through 2.01-7M. For language specific to a particular type of leave, please refer to the appropriate Administrative Directive as listed in the Table of Contents.

### II. **POLICY**

The City of Tucson rules and procedures for administration of employee leaves will be in accordance with City Code and in compliance with federal and state laws. Leave rules and procedures are established by the Director of Human Resources, with approval of the City Manager.

Employees are expected to report and work as scheduled unless an employee is on leave authorized pursuant to the term of this Administrative Directive and other directives in the 2.01-7 series.

This directive applies to all eligible permanent and probationary, full-time, part-time and temporary classified employees, appointed employees and officials, regardless of Civil Service status. For purposes of this directive only, appointed employees and officials are treated as permanent employees with regard to employee leaves. Questions related to this directive may be referred to the Human Resources Department at 791-4241.

### III. **DEFINITIONS**

The following definitions are applicable to the Administrative Directive 2.01-7 series unless other language is specifically provided.

- A. **Administrative Leave** – Authorized time off with pay for exempt employees who are not eligible for overtime compensation. (See Other Leaves Administrative Directive 2.01-7M).
- B. **Annual Sick Leave Transfer Date** – Pay period in which April 1st occurs; the date on which Sick Leave may be transferred to Vacation Leave. (See Sick Leave Administrative Directive 2.01-7B).
- C. **Authorized Leave** – Leave granted in accordance with the Administrative Directive 2.01-7 series.
- D. **Absent Without Leave (AWOL)** - An unpaid leave that is unauthorized, unapproved and/or denied.
- E. **Bereavement Leave** – Leave taken for the death of a member of the employee's immediate family. (See Bereavement Leave Administrative Directive 2.01-7H).



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- F. **Certification of Health Care Provider Form** – Form that must be submitted to Human Resources Leave Administrator to verify the need for Family and Medical Leave (FML) and/or non-FML Medical Leave of more than five (5) consecutive workdays or forty (40) consecutive work hours, whichever is less (56 consecutive work hours for commissioned Fire personnel).
  
- G. **Donated Leave** – Accrued paid leave (Sick Leave and/or Vacation Leave) which an employee (donor) elects to donate to assist another employee (recipient) in need of additional paid time off for a serious health condition or to care for an eligible family member who has a serious health condition. (See Donated Leave Administrative Directive 2.01-7E).
  
- H. **Furlough Leave** – Dates and/or hours designated by ordinances as unpaid furlough leave hours for a specific time period, in a particular fiscal year. Furlough leave can apply to all City employees or a specified group as described in the applicable ordinance. (See Furlough Guidelines 2.01-8).
  
- I. **Immediate Family Member** – The following defines immediate family member in their particular circumstance:
  - 1. **Bereavement Leave** – An immediate family member is defined as the employee's spouse or domestic partner, parents, parents of spouse or domestic partner, stepparents, stepparents of spouse or domestic partner, parent surrogate, child(ren), child(ren) of spouse or domestic partner, grandparents, grandchild(en), grandparents of spouse or domestic partner, brother, sister. (Note: Aunts, uncles, brother-in-law, sister-in-law, stepbrother and stepsister are not considered members of the immediate family for purposes of receiving paid bereavement leave.) The employee may be required to provide documentation of the death and relationship. (See Bereavement Leave Administrative Directive 2.01-7H).
  
  - 2. **FMLA** – An immediate family member is defined as a spouse, child, or parent. For purposes of FML, a child includes a son or daughter who is biological, adopted or foster child, a step child, a legal ward, or a child of a person standing in loco parentis either under eighteen (18) years of age, or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's "child" is one for whom the employee has actual day-to-day responsibility for care and includes a biological, adopted, foster or step-child. Under federal law a domestic partner is not recognized as an immediate family member. (See Family and Medical Leave 2.01-7C Administrative Directive).
  
  - 3. **Sick Leave** – An immediate family member is defined as an employee's spouse, or domestic partner, child(ren), adopted child(ren), stepchild(ren) child(ren) of a domestic partner, parent, parent surrogate, grandparent(s), grandchild(ren), brother or sister. (See Sick Leave 2.01-7B Administrative Directive).



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- J. **Health Care Provider Note** – A note from the employee's health care provider indicating that the employee has been under their care and/or is fit to return to work.
- K. **Imposed Leave** – Leave with or without pay at the direction of the department director or designee, with the concurrence of the Human Resources Director or designee, including time off when an employee is too disruptive or dangerous in the work place, is on indefinite suspension while criminal charges are pending, to address matters of safety during on-going investigations and/or time off between the pre-discharge notice and the pre-discharge meeting. (See Other Leaves Administrative Directive 2.01-7M).
- L. **Leave of Absence** – Approved unpaid leave that is not Medical, Military, or Parental Leave. (See Leaves Without Pay Administrative Directive 2.01-7F).
- M. **Leave Without Pay** – Any approved unpaid leave. (See Medical Leaves and Parental Leave Administrative Directive 2.01-7D, and Leaves Without Pay Administrative Directive 2.01-7F).
- N. **Medical Clearance Form** – Clearance form completed by the employee's healthcare provider after an absence of more than 14 days (80 consecutive work hours) indicating the employee is able to return to work and clarifying any work restrictions needed.
- O. **Medical Leave** – Paid or unpaid leave for illness or injury of an employee or family member for a time period as specified by the individual's healthcare provider based on the nature of the medical condition. (See Sick Leave Administrative Directive 2.01-7B, Family and Medical Leave Administrative Directive 2.01-7C, and All Medical Leaves and Parental Leave Administrative Directives 2.01-7D).
- P. **Military Leave** – Leave for active, reserve, or auxiliary military duty, either voluntary or when an employee is called to serve by state or federal authority. (See Military Leave Administrative Directive 2.01-7G).
- Q. **Permanent Employee** – For the purposes of this directive only, an employee who has completed an initial probationary period with the city. This does not include non-permanent or temporary employees.
- R. **Probationary Employee** – For the purposes of this directive only, an employee who has not completed an initial probationary period with the city.
- S. **Scheduled Absence** – Foreseeable planned absence with notification of at least 24 hours in advance of absence.
- T. **Serious Health Condition** – As defined by the Family and Medical Leave Act. (See Family and Medical Leave Administrative Directive 2.01-7C).



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- U. **Sick Leave** – Paid time off for illness of an employee or immediate family member or as defined in the Sick Leave Administrative Directive. (See Sick Leave Administrative Directive 2.01-7B).
- V. **Unscheduled Absence** – Approved leave time that was requested less than 24 hours in advance of absence.
- W. **Unauthorized Leave** – See Absent Without Leave, item D above and Section VI of this Administrative Directive.
- X. **Vacation Leave** - Paid time off.
- Y. **Work Improvement Plan** – A non-disciplinary written plan to improve employee job performance. A work improvement plan will specify a start date, end date and specific quantifiable performance measures, scheduled progress meetings, and a written notice of progress to the employee at the conclusion of the plan.

IV. **LEAVE APPROVAL**

It is the responsibility of department directors to ensure the appropriate use of leave time in accordance with the policies set forth in this directive.

- A. When completing Leave Cards or other designated department record, written or electronic, supervisors shall be responsible for indicating that the leave is either scheduled or unscheduled and sign (or electronically verify) if the leave was approved.

All Leave Cards shall be signed (not stamped or initialed) with the full signature of the supervisor or management personnel authorized to approve employee leaves and the department or division director. Other designated department records, written or electronic, shall include verification of approval by supervisor or management personnel. All leave cards/records shall be retained with departmental payroll records in accordance with the City's Records Retention schedule.

- B. Supervisors are responsible for monitoring all absences. Excessive non-FML absenteeism and patterns of unscheduled absenteeism shall be reviewed by department directors and division administrators and may be cause for disciplinary action. Employees on a written Work Improvement Plan related to attendance may be required to provide medical certification for all unscheduled absences. Unapproved/unauthorized absences are considered absences without leave (AWOL) and can result in disciplinary action up to and including discharge.
- C. Failure to obtain prior departmental approval for leave may result in the employee being placed on an AWOL status, which may result in disciplinary action up to an including discharge.



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- D. Sick Leave approval may be contingent upon an employee providing a Certification of Health Care Provider form and/or a Health Care Provider Note depending upon the length of the requested leave.
- E. An employee will be required to provide a completed Certification of Health Care Provider form verifying the need for a Medical Leave of absence which exceeds five (5) consecutive work days or forty (40) consecutive work hours, whichever is less, (56 consecutive work hours for commissioned Fire personnel). This information shall be provided to the Human Resources Director or designated Human Resources Leave Administrator. This document will be kept as a confidential medical document and not made a part of the official personnel file. Failure to provide medical documentation when requested may result in a leave designation of AWOL and/or disciplinary action up to and including discharge.
- F. A department may require employees on a Work Improvement Plan to provide a Health Care Provider Note to ensure that non-FML Sick Leave is being used appropriately in the following situations:
1. Where an employee has a pattern of unscheduled absences. Examples include but are not limited to: on a day or shift prior to or immediately following a holiday, Monday, Friday, or other scheduled time-off of three or more days;
  2. Unscheduled absences during peak workload times for critical operations, as designated by the department director and approved by the Human Resources Director or designee;
  3. Any other circumstance as expressly identified in the Work Improvement Plan.

Employees who are required to provide medical certification for unscheduled sick leave will be provided prior written notice that the employee is subject to this requirement and failure to follow proper leave requesting procedures or provide the required medical certification will result in approved or unapproved leave without pay (LWOP or AWOL) at the department director's discretion. Although leave without pay is not disciplinary action, it may form a basis for disciplinary action. An employee being placed on AWOL will result in disciplinary action up to and including discharge.

### V. EXCEPTIONS

Due to continuous staffing needs and regulatory mandates of the City's public safety departments, the application and implementation of the Administrative Directive will be superseded by department Standard Operating Procedures and individual agency accreditation standards, subject to legal review. However, this exception does not permit the granting of any leave benefits that are not expressly authorized by the Tucson Code.



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**VI. UNAUTHORIZED LEAVE**

An employee who is absent without authorization shall:

- A.** Be designated as "Absent Without Leave" (AWOL).
- B.** For payroll purposes, be recorded as "AWOL" for the period of such absence.
- C.** Be subject to appropriate disciplinary action, up to and including termination.

**VII. BENEFITS**

**A.** Medical Leave, Family Medical Leave, and Military Leave

- 1.** Employees on a Human Resources approved Medical Leave, Family Medical Leave or Military Leave, with or without pay, may continue existing insurance benefits, subject to the provisions of applicable contracts, administrative directives and benefits plans, unless such provisions are contrary to applicable laws.
- 2.** For the first twelve (12) months, the City will continue to pay the employer portion of the continued insurance premiums. The employee will be responsible for the payment of the employee's portion of the premium for themselves and their covered dependents. If an employee fails to make the required premium payment within thirty (30) days of the due date, the employee's insurance coverage may be terminated.
- 3.** For any period exceeding twelve (12) months, the employee may elect to continue existing medical, dental, vision, and in some cases health care FSA, through COBRA for up to 18 months, in accordance with COBRA laws and by paying 102% of the premium.
- 4.** Employees may cancel insurance coverage for the remainder of the coverage period by providing advance written notification to the Human Resources Benefits Office.
- 5.** Once coverage is terminated, it may not be reinstated during the remainder of the Plan Year, except in accordance with COBRA and USERRA laws and the city's policy on open enrollment and mid-year changes.
- 6.** For all other leaves of absence (including personal leave) employees may elect to continue existing medical, dental, vision and in some cases health care FSA, through COBRA for up to 18 months, in accordance with COBRA laws and by paying 102% of the premium.



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7. Continuation of insurance not subject to COBRA laws (examples include, but are not limited to, life, disability and voluntary insurance benefits) will be available in accordance with provisions of applicable contracts, administrative directives and benefit plans, unless such provisions are contrary to applicable laws.
8. Employees returning from all other Leaves of Absence (including Personal Leave) may resume active employee benefits the first day of the month following the date they return from leave, provided they make their elections within the first 30 days of returning from leave. Elections must be made in accordance with City benefit elections procedures, policy, and in accordance with provisions of applicable contracts, administrative directives and benefits plans, unless such provisions are contrary to applicable laws.
9. Employees on unpaid leave status are NOT eligible for holiday pay, allowances, premium pay, or accrual of Sick Leave or Vacation Leave (beyond accruals provided in accordance with the Family Medical Leave Administrative Directive 2.01-7C and Military Leave Administrative Directive 2.01-7G), birthday, personal/floating holiday or Compensation Time.

**Appendices Attached**

Medical Clearance Form (MCF)

(Form to be obtained from the Human Resources Medical Leaves, Worker's Compensation and ADA Division.)

- Notice of Eligibility and Rights and Responsibilities
- Certification of Health Care Provider form
- Designation Notice
- Request for Donated Leave Form
- Request to Donate Leave Form
- Witness and Jury Duty Option Form

**Related ADs and other documents** (this list comprehensively relates to the entire AD leave series)

**EMPLOYEE LEAVES, RELATED DIRECTIVES AND MANUALS**

- Tucson Code
- Civil Service Rules and Regulations
- 2.01-1 Compensation
- 2.01-2 Overtime
- 2.01-7A Vacation Leave
- 2.01-7B Sick Leave
- 2.01-7C Family and Medical Leave (FML)
- 2.01-7D Medical Leaves and Parental Leave
- 2.01-7E Donated Leave
- 2.01-7F Leaves Without Pay
- 2.01-7G Military Leave
- 2.01-7H Bereavement Leave
- 2.01-7I Time Off for Blood Donations
- 2.01-7J Time Off for Voting in Primary and General Elections
- 2.01-7K Time Off for Witness and Jury Duty
- 2.01-7L Time Off for Crime Victims to be Present at Proceedings



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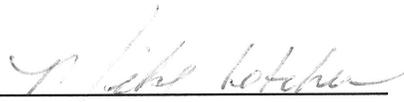
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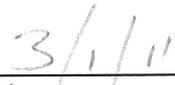
- 2.01-7M Other Leaves
- 2.02-22 Drug and Alcohol Use
- 2.05-2 Reasonable Accommodation of Disabled Applicants and Employees
- 3.04-2 Loss Prevention Manual

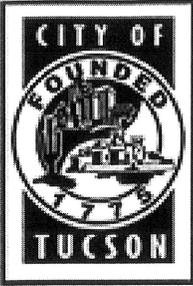
**Review Responsibility and Frequency**

The Director of Human Resources will review this directive annually, based on date of publication.

**Authorized**

  
\_\_\_\_\_  
City Manager

  
\_\_\_\_\_  
Date



**CITY OF TUCSON**  
**MEDICAL CLEARANCE FORM**

Fitness for Duty Evaluation

This form is used when an employee is required to provide a medical clearance prior to returning to work pursuant to Administrative Directive 2.01-7.

**EMPLOYEE INFORMATION**

**EMPLOYEE INFORMATION**

LAST NAME	FIRST NAME	M.I.	EMPLOYEE #

**TO BE COMPLETED BY PHYSICIAN**

MEDICAL CLEARANCE REQUIRED BY: \_\_\_ CITY PHYSICIAN \_\_\_ EMPLOYEE'S PHYSICIAN

PHYSICIAN'S NAME	PHYSICIAN'S PHONE NUMBER	PHYSICIAN'S FAX NUMBER

Date of Medical Examination: \_\_\_\_\_  
mm/dd/yy

**MEDICAL CLEARANCE TO RETURN TO WORK**

Employee may return to work without restrictions:  Immediately  On date: \_\_\_\_\_

Employee may return to modified duty on \_\_\_\_\_ with the following restrictions  
until \_\_\_\_\_ (date).

No driving  No equipment operation  Reduced hours \_\_\_\_\_ hrs/day  Other – Explain Below

Employee unable to work at this time. Expected return to work date is: \_\_\_\_\_

**OTHER: (Please explain)**

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_