LEGACY HEALTH

ADMINISTRATIVE

Policy: 500.401
Origination Date: 8/93
Last Review Date: 6/14

SECTION: HUMAN RESOURCES
TITLE: LEAVE OF ABSENCE

PURPOSE
The purpose of the leave of absence policy is to:

A. Define the type of leave, and eligibility, process and approval criteria for each.
B. Comply with applicable laws, including the federal Family and Medical Leave Act (FMLA), the Oregon Family Leave Act (OFLA), Washington Law Against Discrimination (WLAD), the federal Uniformed Services Employment and Reemployment Rights Act (USERRA), the Americans with Disabilities Act (ADA) and applicable state disability and leave laws, Workers' Compensation, Oregon and Washington’s Military Family Leave Act, the Oregon Crime Victim’s Leave Act and Oregon and Washington’s Domestic Violence Leave.
C. Provide employees, on approved leaves of absence, with an alternative to resignation when they need to be away from work for a period of time

SCOPE
This policy applies to all eligible employees of Legacy Health. Although this policy provides an overview of continued compensation and benefits coverage in approved leave of absence situations, eligibility for benefits and the nature of the benefits provided are governed by the applicable compensation or benefits plans and/or policies. In the event of a conflict between information provided in this policy and any plan document, the applicable plan document will control.

DEFINITIONS
The following definitions apply for purposes of this policy.

Leave of Absence. Any approved (paid or unpaid) period of absence from regular work. A leave of absence begins the first time (may be less than a work day) the employee is away from work or, in cases of consecutive leaves of absence, the first day following the last day of the preceding approved leave of absence. The employee retains accrued credit for previous service. When more than one type of leave applies to an absence, the leaves run concurrently as allowed by applicable law.

Absence due to vacation is excluded from this policy. In addition, employees on an approved leave of absence are prohibited from seeking or engaging in other employment or self-employment (with the exception of Uniformed Services Leave) without prior written approval from Legacy Health.
Maximum Leave Time. Maximum time allowed for any leave under this policy will generally be twelve (12) months in a rolling 12-month period. Exceptions include, but are not limited to the Uniformed Services Leave, reasonable accommodation consideration under the ADA Amendments Act, and/or as related to any other applicable state and/or federal requirement.

"Report it!" is a centralized reporting system for Legacy's Benefits Department that assists employees and managers through the Leave of Absence application, approval and follow-up processes. The Benefits Department will help ensure compliance with federal, state and local laws, as well as Legacy Health policies. The Benefits Department is an informational source for employees and managers. Employees must contact the HR Answer Center, or file online through "Report it!", to initiate any Leave of Absence. The contact number for the HR Answer Center is (503) 415-5100.

COBRA. Consolidated Omnibus Budget Reconciliation Act of 1985 allows you and/or your eligible dependents to continue medical, dental and healthcare spending account on a self-pay basis for generally up to 18 months following certain 'qualifying events'.

TYPES OF LEAVE

A. Family Leave (Page 3-7). Leave protected under Washington Law Against Discrimination (WLAD), the Family Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) to care for the employee's own serious health condition, including a pregnancy-related disability; or an employee's child, spouse, or parent with a serious health condition; or placement of a child with an employee for adoption or foster care; birth of the employee's child, and to care for such child after such placement or birth. OFLA also includes protected leave to care for a parent-in-law, grandparent and grandchild (not in-law relationships), same-sex domestic partner registered with the state, and child or parent of an employee's same-sex domestic partner, with a serious health condition, or to care for a child who does not have a serious health condition but requires employee supervised home care. The FMLA generally covers family leave taken by Washington employees, except where otherwise noted in this Policy. Other relationships may be covered as defined by law.

B. Employee Medical Leave (page 7-9). (Other than a Family Leave) To allow time away from work for personal illness, injury or disability of an employee including disability related to or resulting from pregnancy.

C. Personal or Education Leave (page 9-10). Hardship or matters of a personal nature that do not qualify for any other type of leave. Also, time off for work related, formal education at an approved/credited school which is mutually beneficial to employee and employer.

D. Uniformed Services Leave (page 10-13). Uniformed service as required by Uniformed Services Employment and Reemployment Rights Act (USERRA).

E. Bereavement Leave (page 13). To allow paid time away from work for the expression of grief in the loss of a family member due to death.
F. Jury Duty (page 13-14). To perform the duties of a juror.

G. Workers' Compensation (page 14-15). Governed by state law which allows for time away from work due to work related injury or illness.

H. Crime Victim's Leave (page 15). Governed by Oregon law, which allows for time away from work for crime victims to attend criminal, juvenile and other proceedings.

I. Domestic Violence Leave (page 16). Governed by Oregon and Washington law, which allows for time away from work for victims of domestic violence, sexual assault or stalking.

J. Family Leave Due to a Call to Active duty (page 16-17). Governed by federal law to allow time away from work for a "qualifying exigencies" if a covered relative is on active duty or have been notified of an impending order to active duty in the Armed Forces. Also, Oregon and Washington's Military Family Leave.

K. Leave to Care for a Covered Service Member (page 17-18). Governed by federal law to allow time away from work to provide care for a covered service member who is injured in the line of duty.

A. FAMILY LEAVE

1. Purpose of Protected Family Leave. To allow leave (including intermittent) protected under FMLA, OFLA or WLAD for:
   a. The employee's own serious health condition. A Serious Health Condition are:
      1) conditions requiring an overnight stay in a hospital or other medical care facility;
      2) conditions that incapacitate you or your family member (for example, unable to work or attend school) for more than three consecutive days and have ongoing medical treatment (either multiple appointments with a health care provider, or a single appointment and follow-up care such as prescription medication);
      3) chronic conditions that cause occasional periods when you or your family member are incapacitated and require treatment by a health care provider at least twice a year; and
      4) pregnancy (including prenatal medical appointments, incapacity due to morning sickness, and medically required bed rest).
   b. The employee to care for the employee's child (including an adult child substantially limited by physical or mental impairment), spouse, or parent with a serious health condition.
   c. Parental leave following the birth of the employee's child, and to care for such child following birth.
   d. Parental leave for the placement of a child with the employee for adoption or foster care, and to care for such child following placement.
   e. OFLA also provides for leave for the employee to care for a
parent-in-law, same-sex domestic partner, grandparent or grandchild (not in-law relationships), and child or parent of an employee's same-sex domestic partner with a serious health condition. Available only for employees working in Oregon.

g. OFLA also provides bereavement leave which is the leave to make funeral arrangements, attend the funeral or to grieve a family member who has passed away. This leave is limited to two weeks and must be completed within 60 days of the date when the employee learned of the death. Available only for employees working in Oregon.

h. Washington Family Care Act (WFCA) allows the use of accrued and available APL to care for a child, spouse, parent, parent-in-law, domestic partner or grandparent who has a health condition that requires treatment or supervision. There is no job protection for the use of WFCA and use is subject to all other applicable APL and attendance policies.

2. Eligibility.

FMLA (Federal Family and Medical Leave Act): Employee must have been employed for 12 months and worked at least 1250 work hours in the 12 months immediately prior to the start of the leave.

OFLA (Oregon Family Leave Act): Employee must have been employed at least 180 days and have worked an average of 25 work hours per week in the 180 days immediately prior to the leave. The 25-work hour requirement does not apply under OFLA for parental leave

WLAD (Washington Law Against Discrimination): Employee is covered from date of hire.

WFCA (Washington Family Care Act): Employee must have APL available to use.

3. Request/Authorization. An employee must call the HR Answer Center, or file through "Report it!" on the intranet, to determine eligibility and request a leave of absence. This should be done at least 30 days prior to the anticipated leave date. If the leave must begin in less than 30 days, the employee must provide as much notice as possible. If leave is unforeseen, the employee must contact the HR Answer Center as soon as practicable, followed by completion and submission of the required documentation within a reasonable period (generally no later than fifteen (15) days after leave has commenced). A manager, who believes an employee may qualify for a leave, should contact the HR Answer Center, or file the leave through Report It, on the employee's behalf if the employee has not done so.

A provisional FMLA/OFLA designation generally will be sent within 24 hours of the Benefits Department's knowledge of a leave request. Generally, FMLA/OFLA hours will
be tracked from the first day of leave, even though the initial certification is provisional. If, after all supporting documentation is received, the employee is not qualified for FMLA/OFLA leave, the employee will be notified and hours taken from the FMLA/OFLA bank may be restored.

Additionally, non-protected time taken will be subject to Legacy’s attendance policies.

4. Approval Criteria. Approval for a Family Leave may require medical certification. Medical certification forms are included in the Leave of Absence packet, which is obtained by calling the HR Answer Center, or filing through “Report it!”

The employee must provide the required completed medical certification within 15 days of the employee’s receipt of Legacy’s request for certification. If not, the leave may be considered an unexcused absence which may result in leave postponement, leave denial and/or disciplinary action up to and including termination under Legacy’s attendance policies.

5. Medical Certification must be provided by a Family Leave Healthcare Provider who is a medical doctor, doctor of osteopathy, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, nurse practitioner, clinical social worker, nurse midwife or Christian Science practitioner or any other approved healthcare provider.

Medical certification is not required for parental leave.

In case of leave for care of a sick child (OFLA) or family member under the Washington Family Care Act, certification from a Family Leave Healthcare Provider may be required if the employee has had three incidents of such leave in a 12-month period. The employee may then be required to provide a completed medical certification within 15 days of the employee’s receipt of Legacy’s request for certification. If medical certification requested is not provided, the leave may be considered unexcused absence which may result in leave denial and/or disciplinary action up to and including termination under Legacy’s attendance policies.

6. Method for Determining the “12 Month Period”. An eligible employee’s Family Leave entitlement is limited to a total of 12 workweeks of leave during any 12-month period. Legacy determines the “12-month period” in which the 12 weeks of leave entitlement occur by using a “rolling” 12-month period measured backward from the date an employee uses or requests any FMLA/OFLA leave.

7. Duration. A protected Family Leave will be authorized for up to a maximum of 12 work weeks during any 12 month period, except:
   a. For Oregon employees, more leave may be available under OFLA in the following situations:
      1) A female employee taking a leave for pregnancy-related disability may take an additional 12 weeks of protected leave for any other OFLA purpose.
      2) An employee taking 12 weeks of parental leave may take an additional 12 weeks of sick child leave, but the latter type of leave need not be provided if another family member is physically present in the home and willing and able to care for the child.
      3) An employee taking less than 12 weeks of parental leave may use the balance for any other family leave purpose, however, no additional sick child
leave is available, except for the balance of the initial 12 weeks.

b. For Washington employees under Washington Law Against Discrimination, leave for disability due to pregnancy or childbirth is in addition to FMLA leave. Such leave is generally unpaid unless: a) the employee has available Annual Paid Leave; or b) the employee's disability otherwise qualifies under a Legacy health and welfare benefit plan. (Subject to medical certification from the employee's physician and the terms of the disability plan.)

8. **Accrued Time Off.** Annual Paid Leave (APL) hours and Extended Illness/Extended Disability (EIB) hours must be used during unpaid leave and be used in accordance with Legacy Health's APL policy (LHS.500.304).

9. **Annual Review and Benefit Accrual Date Adjustment.** The annual review process may be delayed if the length of the leave affects the ability of the manager to conduct the review. The annual review and individual benefit accrual dates will remain unchanged.

10. **Benefit Continuance.** Legacy will continue an eligible employee's health and welfare benefits elected before the leave (or the newly elected benefits if leave continues into a new benefit plan year) for up to the end of the leave but generally no longer than 12 months, and/or as required by state or federal law. The employee will be responsible for his/her portion of the benefit premiums while on leave. Premiums will be deducted from all earnings and/or disability payments the employee receives from Legacy. If the employee is not receiving any form of pay, the employee's portion of the premiums will be put into arrears and deductions will be taken upon the employee's return to work.

The COBRA coverage period will begin the first day of the month following the end of the employee's FMLA/OFLA benefits and ends upon the employees return to work at Legacy or 18 months whichever is less or as required by law.

If the employee notifies his/her manager that he/she will not be returning to work, benefits will end the last day of the month in which the manager is notified. The employee may then continue group medical, dental, and vision as well as their Flexible Spending Accounts under COBRA for the remainder of the COBRA coverage period, in accordance with benefit plan provisions and applicable law, by paying the applicable premium for him/herself and dependents. Notice to continue coverage under COBRA is sent to the employee by the Plan Administrator.

11. **Return to Work**

   1. By the end of the approved Family Leave, an employee must either return to regular work, with physician certification when required, or request a leave extension with supporting documentation as soon as the need for the extension is known. An employee must return to work when released by the attending physician even if the approved leave has not yet ended. If an employee fails to either request an extension by the end of the leave or return to work by the date the leave ends (or the employee is released by the physician), Legacy considers such to be a voluntary resignation.

   2. An employee on an approved Family Leave must notify the Benefits Department when he/she intends to return to work. If the leave was due to the employee's own serious health condition, the employee must submit a Work Status Report from the Family Leave Healthcare Provider to the Benefits Department before returning to work. The Leave Administrator will notify the employee's manager of the
approval for return to work.

3. Upon return from Family Leave, it is the intent of Legacy to return the employee to his/her former position or to an available equivalent position as required by state and federal law. If the employee cannot perform all the duties of the position, but can perform the essential job functions with reasonable accommodation, Legacy will make an appropriate evaluation in its effort to reasonably accommodate the employee in accordance with the Americans With Disabilities Act.

B. EMPLOYEE MEDICAL LEAVE

1. **Purpose.** To allow time away from work for personal illness, injury or disability of an employee including disability related to or resulting from pregnancy, not covered by Family Leave. If an employee is eligible for both Family Leave and Employee Medical Leave, the leaves will run concurrently.

2. **Eligibility:** All employees.

3. **Request/Authorization.** An employee must call the HR Answer Center, or file through "Report it!" to determine eligibility and request a leave of absence at least 30 days before the anticipated leave date. If the leave is to begin in less than 30 days, the employee must provide as much notice as possible. If leave is unforeseen, the employee must contact the HR Answer Center as soon as practicable, followed by completion and submission of the required documentation within a reasonable period (generally no later than fifteen (15) days after leave has commenced). A manager, who believes that an employee may qualify for a leave, should contact the HR Answer Center, or file the leave through Report It, on the employee's behalf if the employee has not done so.

4. **Approval Criteria.** Approval requires medical certification from a Legacy Qualified Healthcare Provider (see definition below), which should include the nature of the condition, the date on which the injury, illness or disability began, the likely duration of the condition, if the condition impairs the employee and if so, in what specific ways and appropriate medical facts regarding the condition. Certification forms are available from the Benefits Department.

The employee must provide the required medical certification forms completed by a Legacy Qualified Healthcare Provider within 15 days of their request for leave. If not, the leave may be considered an unexcused absence, which may result in leave postponement, leave denial and/or disciplinary action up to and including termination under Legacy's attendance policies.

"Legacy Qualified Healthcare Provider" means a medical doctor, doctor of osteopathy certified nurse midwife or any other approved healthcare provider performing within scope of practice under state law. The employee must have a bona fide physician-patient relationship with the physician by whom the person is being seen at least once every 30 days or from whom the person is receiving regular medical treatment, which under normal treatment standards would be necessary to improve the person's condition and without which recovery would be expected to be slower.

*Note: Employees who are certified by a Family Leave Healthcare Provider for Family Leave may be required to see a Legacy Qualified Healthcare Provider in order to qualify for an Employee Medical Leave.*
5. **Duration.** An Employee Medical leave may be authorized for up to a reasonable period of time under the circumstance then present which include the employee’s position, staffing needs and the information provided by the healthcare provider. The employee may be required to submit medical certification at least every 30 days in order to remain on an approved Employee Medical Leave, or more frequently if requested by the Leave Administrator. When substantiated by a Legacy Qualified Healthcare Provider’s statement, additional leave beyond the original return date may be approved.

6. **Accrued Time Off.** Annual Paid Leave (APL) hours and Extended Illness/Extended Disability (EIB) hours must be used during unpaid leave and used in accordance with Legacy Health APL policy (LH.500.304).

7. **Annual Review and Benefit Accrual Date Adjustment.** The annual review process may be delayed if the length of the leave affects the ability of the manager to conduct the review. However, the annual review and individual benefit accrual dates remain unchanged.

8. **Benefit Continuance.** Legacy will continue an eligible employee’s health and welfare benefits elected before the leave (or the newly elected benefits if leave continues into a new benefit plan year) for up to the end of the leave but generally no longer than 12 months, and/or as required by state or federal law. The employee will be responsible for his/her portion of the benefit premiums while on leave. Premiums will be deducted from all earnings and/or disability payments the employee receives from Legacy. If the employee is not receiving any form of pay, the employee’s portion of the premiums will be put into arrears and deductions will be taken upon the employee’s return to work.

The COBRA coverage period will begin the first day of the month following the end of the employee’s FMLA/OFLA benefits and ends upon the employees return to work at Legacy or 18 months whichever is less or as required by law.

If the employee notifies his/her manager that he/she will not be returning to work, benefits will end the last day of the month in which the manager is notified. The employee may then continue group medical, dental, and vision as well as their Flexible Spending Accounts under COBRA for the remainder of the COBRA coverage period, in accordance with benefit plan provisions and applicable law, by paying the applicable premium for him/herself and dependents. Notice to continue coverage under COBRA is sent to the employee by the Plan Administrator.

9. **Return to Work**
At the end of the approved leave, an employee must return to work with physician certification describing any restrictions. (An employee must return to work when released by the attending physician even if the approved leave was originally approved for a longer duration. If an employee fails to either request an extension or return to work by the end of the approved leave, or the date authorized by the physician, Legacy considers such to be a voluntary resignation.

Before returning to work, the employee must notify the Benefits Department that he/she has been released for work and provide a Work Status Report from the Legacy Qualified
Healthcare Provider. The Leave Administrator will notify the employee’s manager of the approval for return to work.

Upon an employee’s release to return to work from Employee Medical leave, the employee may be reinstated to his/her former position, if it is open and available. If the employee’s position has been filled, Employee Relations will meet with the employee regarding other available positions for which the employee is qualified. However, reinstatement to the former or any other position is not guaranteed. If the employee cannot perform all the duties of the position, but can perform the essential job functions with reasonable accommodation, Legacy will make an appropriate evaluation in its effort to reasonably accommodate the employee in accordance with the Americans With Disabilities Act.

C. PERSONAL LEAVE or EDUCATION LEAVE

1. **Purpose.** To allow time away from work to accommodate an employee’s personal needs or to further job related knowledge and/or skills and career enhancement. This leave does not allow an employee time away from work to seek or engage in other employment or self employment.

2. **Policy.** Personal or Education leaves are granted at the sole discretion of management by balancing the needs of the employee and the organization.

3. **Eligibility.** All regular full-time/part-time employees who have worked at least 12 consecutive months.

4. **Request/Authorization.** An employee should call the Benefits Department to request a personal leave of absence after receiving verbal approval from their manager/director. They must then submit an application for leave of absence to his/her manager for written approval at least 30 day prior to the anticipated leave date. If the leave must begin in less than 30 days, the employee must provide as much notice as possible. Director’s approval is required for leaves extending beyond 30 days.

5. **Approval Criteria.** Approval criteria includes the following:
   1. A review of the employee's length of service, attendance record and work performance.
   2. The availability of replacement staff and potential negative impact on service.
   3. The nature of the request.
   4. The duration of the leave.

6. **Annual Review and Benefit Accrual Date Adjustment.** The annual review process may be delayed if the length of the leave affects the ability of the manager to conduct the review. However, the annual review and individual benefit accrual dates will remain unchanged.

7. **Duration.** A personal or education leave of absence is not to exceed 12 consecutive months. No extension is available.

8. **Accrued Time Off.** APL hours must be used in accordance with Legacy Health's APL policy (LHS 500.304).
9. **Benefit Continuance.** All employee benefits will end on the last day of the month in which the unpaid leave begins. The employee may continue group health, dental and vision as well as Flexible Spending Accounts under COBRA, in accordance with benefit plan provisions, by paying the applicable premium for him/herself and dependents. Notice to continue coverage under COBRA is sent to the employee by the Plan Administrator.

10. **Return to Work**

   1. For personal or education leaves longer than four (4) weeks, the employee must notify the manager and the Benefits Department of his/her intent to return to work at least two (2) weeks before the return date.

   2. Should an employee intend to return early from the personal or education leave, he/she must notify the manager and the Benefits Department of his/her intent to return to work within five (5) working days.

   3. Upon returning to work, the employee must notify the manager and the Benefits Department that he/she has returned. Failure to return timely from leave may be regarded as a voluntary resignation.

   4. Although Legacy attempts to return the employee to the former position, if available, return to the former position or another position is not guaranteed. If the employee's position has been filled, he/she will need to apply and be selected for another available position before reinstatement.

Benefits will be reinstated the first day of the month following the employee’s return to work in a benefit eligible position.

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**D. UNIFORMED SERVICES LEAVE**

1. **Purpose.** To allow time away from work for uniformed service employees who are required to be serve or volunteer for uniformed service, a Disaster Medical Assistance Team (DMAT), a Veterinary Medical Assistance Team (VMAT), national guard members, or other Uniformed Service as defined by the Uniformed Services Employment and Reemployment Rights Act (USERRA).

2. **Policy.** Covered uniformed service includes: voluntary or involuntary active duty, active duty for training, initial active duty for training, inactive duty training, National Guard duty, Disaster Medical Assistance Team (DMAT), a Veterinary Medical Assistance Team (VMAT), and examinations to determine fitness for such duty. Legacy abides by all laws pertaining to leaves for uniformed service of uniformed service personnel.

3. **Eligibility.** All employees whose employment is other than temporary when on covered uniformed service have leave and reinstatement rights. The same leave and reinstatement rights extend to volunteers as well as those who serve involuntarily.

4. **Notice.** An employee should call the HR Answer Center, or file through Report It, to give notice of a uniformed services leave of absence. No notice is required if it is precluded by necessity or emergency; the giving of notice is otherwise impossible or unreasonable; or notice is otherwise given by an appropriate officer of the employee’s uniformed service.
5. **Duration.** A uniformed service leave of absence will be authorized for the period of covered uniformed service and until the required return for reinstatement, described below. Leave is granted for a cumulative period of covered uniformed service of up to five (5) years, except that the five (5) year period will not include time required to complete an initial period of obligated service, a period during which an employee, without fault, was unable to obtain orders releasing him or her from duty before the end of five (5) years or certain periods of training, call-up ordered to or retained in covered uniformed service.

6. **Accrued Time Off.** An employee performing covered service may use APL as follows:
   1. APL may be paid at regular pay period intervals to the employee according to the rate of pay and budgeted/scheduled hours in effect at the onset of the leave.
   2. The employee may receive a cash payment of the salary equivalent of accrued APL either at the onset of the leave or two (2) times during the leave subject to the limitations of the APL policy.
   3. The employee may elect to keep his/her APL balance intact for use after reinstatement.

7. **Benefit Continuance.** An employee performing uniformed service covered service may continue healthcare benefits for the employee and covered dependents as follows:
   1. For uniformed service leaves of less than 30 days, benefits continue as if the employee has not been absent. For uniformed service leaves of 31 days or more, Legacy will, at the employee’s option, continue an eligible employee’s health and welfare benefits elected before the leave (or the newly elected benefits if leave continues into a new benefit plan year) for up to 12 months. The employee will be responsible for his/her portion of the benefit premiums while on leave. Premiums will be deducted from all earnings the employee receives from Legacy. If the employee is not receiving any form of pay, the employee’s portion of the premiums will be put into arrears and deductions will be taken upon the employee’s return to work.
   2. After the 12-month period, an employee on uniformed service leave may continue health and welfare benefits at his or her own cost until the earlier of: a) 12 more months; or b) the employee reports back to work. Notice to continue coverage after the first 12 months of uniformed service leave is sent to the employee by the Plan Administrator.

8. **Return to Work.**
   a. An employee is entitled to reinstatement upon completion of uniformed service provided that the following pre-conditions are met:
      1) An employee returning from uniformed service leave must request reinstatement as follows, unless unreasonable or impossible through no fault of the employee:
         a) Generally, by reporting to work one (1) workday after completing uniformed service if service is less than 31 days so long as the employee has at least eight (8) hours rest after returning home.
         b) By submitting an application for reinstatement to the Integrated Leave
Program no later than 14 days after service is completed, if service period was more than 30 days and less than 181.
c) By submitting an application for reinstatement to the Benefits Department within 90 days of his/her release from service, if the period of service was greater than 180 days.

The period within which to request reinstatement will be extended up to two (2) years to include time necessary for an employee who is hospitalized for, or convalescing from, an illness or injury incurred in, or aggravated during, the performance of covered uniformed service. The two (2) years may be extended by the minimum time required to accommodate circumstances beyond the individual’s control, which make it difficult or impossible to report within the time limits.

Request for reinstatement may be made orally or in writing.

b. Upon returning to work, the employee should notify the manager and the Integrated Leave Program that he/she has returned.

c. An employee returning from uniformed service leave must provide the Benefits Department with documentation to establish that the reporting back is timely, that the service time was less than five years, and that the discharge was not dishonorable or otherwise punitive. The failure of an employee to provide such documentation, however, may not be a basis for denying reemployment where the failure occurs because such documentation does not exist or does not readily exist at the time of the request. Reinstatement may be denied if the employee was separated from uniformed service with a dishonorable or bad conduct discharge.

d. An employee’s failure to reapply within the required period may be considered a voluntary resignation under Legacy policies.

e. Legacy generally reinstates a returning employee to the position that the employee would have held if employment had not been interrupted by uniformed service. If the period of service was less than 91 days and the employee is not qualified for the position he or she would have attained if continuously employed, after reasonable efforts by Legacy to qualify the employee, the employee should be reemployed in the position he or she left. If the period of service is 91 days or more, the same applies, but an additional option would be that a position of like seniority, status and pay to the position the employee left may be offered. If an individual is unqualified for all of these positions, and cannot become qualified with reasonable efforts by Legacy, an individual may be reemployed in any other position which is the nearest approximation to a position referred to for which he or she is qualified, with full seniority. Legacy may substitute an equivalent job when the position the employee left has been eliminated.

f. If the returning employee is no longer qualified for the position he or she would have attained but for uniformed service or his/her former position because of a disability incurred in or aggravated during service, he/she is entitled to reemployment in any other position for which he/she is qualified or would become qualified with reasonable efforts by Legacy, provided that such position must provide the employee with like status, seniority and pay as he/she would have received or the nearest approximation to such a position in terms of seniority, status, and pay consistent with the circumstances of the person’s case.
g. If two (2) or more persons are entitled to reinstatement in the same position of employment and more than one of them has reported for reinstatement, the person who left first should be reinstated first to that position. Any person who is not reinstated in that position should be reinstated to a position that provides a similar status and pay to that position consistent with the circumstances of the person's case in accordance with all the above rules, with full seniority.

h. The employee returning from uniformed service and his/her dependents will not have an exclusion or waiting period for benefits upon reemployment.

i. Legacy is not required to reemploy an employee if circumstances have so changed as to make reemployment impossible or unreasonable; or, in the case of an employee not qualified for a position for reason of disability or otherwise, if reemployment would impose an undue hardship on Legacy's operation.

E. BEREAVEMENT LEAVE

1. Purpose. To allow paid time away from work for expression of grief in the loss of a family member due to death. Family members include parents, spouse, domestic partners, children (including miscarriage), brother, sister, grandchild and grandparent (these include in-law, qualified domestic partner and step relationships).

Legacy recognizes that other familial relationships may exist for employees and that the loss of that relationship due to death may require time away from work for grief. Employees, with their manager's approval, may use Annual Paid Leave or Personal Leave in accordance with those policies. Bereavement time is to be used within 90 days of the death of the qualified family member.

2. Policy. Unless otherwise provided by a collective bargaining agreement, bereavement leave will be granted to permit an employee time off without loss of income or benefits.

3. Eligibility. All regular full-time and regular part-time benefit eligible employees (except for employees on leave and who are not working).

4. Request/Authorization. An eligible employee must file through "Report It!", to request a Bereavement Leave. If the employee is unable to file their leave request, the manager should file the leave through Report It!. At Legacy's discretion, proof of death and relationship to the deceased may be required to substantiate the leave request.

5. Duration. One to three consecutive workdays may be paid as Bereavement Leave. If additional time off is needed, the employee, with the manager's approval, may use Annual Paid Leave or Personal Leave in accordance with those policies.

F. JURY DUTY

1. Purpose. To allow time away from work to perform the duties of a juror.

2. Policy. Unless otherwise provided by a collective bargaining agreement, time off for jury duty will be granted without loss of income, tenure, or benefits.

3. Eligibility. All regular full-time and regular part-time benefit eligible employees.

4. Request/Authorization. An employee must request time off for jury duty by
notifying his/her manager and filing through "Report it!", as soon as he/she learns of the jury duty selection, subpoena, or notification.

5. **Approval Criteria.** An employee is required to provide a copy of the jury summons to his/her manager.

6. **Duration.** The leave extends for the period of time an employee is actively serving as a juror. If an employee is excused from jury duty when at least four (4) hours remain in the workday, he/she must report to work. Failure to report to work may result in loss of jury duty benefits and disciplinary action up to and including termination.

7. **Pay During Jury Duty Leave.** An employee shall receive his/her regular pay (including shift differential) during the period of time he/she is actively serving as a juror up to a maximum of 12 hours per day. Regular full-time and regular part-time employees are expected to turn over to Legacy jury duty pay while being paid by Legacy during service as a juror. All other employment category employees may retain their jury duty pay (other employment category employees include temporary, supplemental, on call and per diem). Jury duty checks should be given to Legacy Payroll. Legacy does not pay for any parking or other costs related to jury duty. The employee may retain any travel pay received.

8. **Staffing.** Staff members may be replaced in the rotation or schedule for the day(s) in which they will be absent for jury duty in many patient care or other critical need areas. If the staff member on jury duty is dismissed from jury service or otherwise not needed and excused for a given day, he/she should report to work, even though he/she was replaced in the schedule. The replacement employee generally should fill the primary shift and work assignments as per the previous arrangement. The staff member with the jury duty assignment should code time worked as "jury duty" to not affect productive hours reporting. The employee released from jury duty can be used to fulfill other assignments in the area that are in keeping with his or her capabilities and licensure.

9. **Jury Duty Postponement.** Generally, Legacy operating units do not assist employees who want to postpone serving on a jury. In unusual situations where the absence of an employee could be critical to a work situation, the employee's manager should work in conjunction with Human Resources to assess the need to request postponement from the jury duty. The assessment should include a review of the critical business need of Legacy and the employee's willingness for postponement.

**G. WORKERS' COMPENSATION**

1. **Purpose.** To allow for time away from work, or temporary modified work, due to work related injury or illness.

2. **Eligibility.** All employees.

3. **Request / Authorization.** An eligible employee must call the HR Answer Center, or file through "Report it!", to report a work related illness or injury.

4. **Approval Criteria.** Approval is in accordance with applicable state law.

5. **Annual Review and Benefit Accrual Date Adjustment.** The annual review
process may be delayed if the length of the leave affects the ability of the manager to conduct the review. However, the annual review and individual benefit accrual dates remain unchanged.

6. **Benefit Continuance.** Legacy will continue an eligible employee's health and welfare benefits elected before the leave (or the newly elected benefits if the leave continues into a new benefit plan year) for up to the end of the leave but generally no longer than 12 months, and/or as required by state or federal law. The employee will be responsible for their portion of the benefit premium while on leave. Premiums will be deducted from any earnings the employee receives from Legacy, except time loss benefits. If the employee is receiving time loss benefits, the employee's portion of the premiums will be put into arrears and deductions will be taken upon the employee's return to work.

The COBRA coverage period will begin the first day of the month following the end of the employee's FMLA benefits and ends upon the employee's return to work at Legacy, or 18 months whichever is less.

7. **Return to Work.**
An employee must return to work when released by the attending physician. If an employee fails to return to work by the date authorized by the physician, Legacy considers such to be a voluntary resignation, as allowed by applicable law.

Before returning to either regular or modified work, the employee must notify his/her manager and the Workers Compensation Department that he/she has been released for work and present a written release from the attending Managed Care Organization provider indicating that he/she is capable of performing regular or modified work.

The employee is required to report all work releases to the Workers Compensation Department. Failure to provide notification of a work release can result in disciplinary action up to and including termination.

8. **Reinstatement.** It is the goal of Legacy Health to return employees to work as soon as medically indicated in accordance with applicable state and federal law. Generally, an employee in Oregon may have up to three (3) years reinstatement/reemployment rights per statute ORS 659A.043.

**H. OREGON CRIME VICTIMS LEAVE**

1. **Purpose.** To allow time away from work for Oregon crime victims, or their immediate family, to attend criminal, juvenile and other proceedings.

2. **Eligibility.** Employee must be a crime victim, or an immediate family member, and must have been employed at least 180 days and have worked an average of 25 work hours per week in the 180 days immediately prior to the leave.

3. **Request/Authorization.** An eligible employee should call the HR Answer Center to request a leave of absence, and submit copies of any court hearing notices received from any applicable law enforcement agency and an application form for leave of absence to his/her manager for approval at least 30 days prior to the anticipated criminal or juvenile proceeding date. If the proceeding begins in less than 30 days, the employee
must provide as much notice as possible.

4 Duration. A crime victim's leave of absence to attend a proceeding may be limited or refused if the leave creates an undue hardship on Legacy Health.

5 Accrued Time Off. APL hours must be used in accordance with Legacy Health APL policy (LH.500.304).

I. DOMESTIC VIOLENCE LEAVE
1. Purpose. Allows for time away from work for victims of domestic violence, sexual assault or stalking to take leave.

Washington: The leave is for the victim to obtain legal or law-enforcement assistance, medical treatment or counseling. A family member may also take a reasonable leave to help a victim obtain needed treatment or services. Family members include: child, spouse, parent, parent-in-law, domestic partner, grandparent or person whom the employee is dating.

Oregon: The leave is for an "authorized purpose". An "authorized purpose" includes seeking legal or law enforcement assistance or remedies; seeking medical treatment or recovering from injuries; obtaining counseling or services from a victim services provider; or relocating or taking steps to secure a safe home for the employee or minor child.

2. Eligibility. Employee must be a victim of domestic violence, sexual assault or stalking. Or, in Washington, a family member (as defined above). OFLA designation will be sent provisionally when requested on the day an employee calls the HR Answer Center, or files through "Report it!", requesting a leave.

3. Request/Authorization. An employee must call the HR Answer Center, or file through "Report it!" on the intranet, to determine eligibility and request a leave of absence. This should be done as soon as you know you will need time off.

4. Duration. A protected leave will be authorized for a reasonable period of time to seek assistance.

5. Accrued Time Off. APL hours must be used in accordance with Legacy Health APL policy (LH.500.304).

J. FAMILY LEAVE DUE TO CALL TO ACTIVE DUTY
1. Purpose. To allow time away from work for a "qualifying exigencies" if a covered relative is on active duty or have been notified of an impending order to active duty in the Armed Forces.

Covered Relatives include spouse, son, daughter or parent.

Qualifying Exigencies are situations that require attention from the covered relative as
defined by applicable law regulation. This may include attending to personal finance issues, travel arrangements, etc.

Under the Federal Family and Medical Leave Act, an employee who is a spouse, parent, son, daughter or next of kin of, a member of the United States armed forces, national guard, or reserves who has been notified of an impending call or order to active duty, before deployment, or when the military spouse is on leave from deployment.

Under Oregon and Washington's Military Family Leave Act, an employee whose spouse, or domestic partner, is a member of the United States armed forces, national guard, or reserves who has been notified of an impending call or order to active duty, or before deployment, or when the military spouse is on leave from deployment.

2. Eligibility. Under the Federal Family and Medical Leave Act, an employee must have been employed for 12 months and worked at least 1,250 work hours during the previous 12 month immediately prior to the start of the leave. FMLA designation will be sent provisionally within 24 hours of the Benefit Departments notice of a leave request.

Under Oregon's Military Family Leave Act, an employee must have worked an average of 20 work hours per week.

Under Washington's Military Family Leave Act, an employee must work an average of 20 or more hours a week.

3. Request/Authorization. An employee must call the HR Answer Center, or file through "Report it!" on the intranet, to determine eligibility and request a leave of absence. This should be done in a reasonable and practicable time frame.

Under Washington law, an employee must provide notice of intention to take leave within five (5) business days of receiving official notice that the employee's spouse or domestic partner will be on leave or of an impending call to active duty.

4. Duration. A protected Qualifying Exigency Leave will be authorized for up to a maximum of 12 workweeks during a single 12-month period. Under Oregon and Washington law, an employee may take 14 to 21 days per deployment while their spouse, or domestic partner, is on leave from deployment, or before and up to deployment, during times of military conflict.

5. Method for Determining the "12 Month Period". An eligible employee's Active Duty Leave entitlement is limited to a total of 12 workweeks of leave during a single 12-month period. Legacy determines the "12-month period" in which the 12 weeks of leave entitlement occur by using a "rolling" 12-month period measured backward from the date an employee uses any Active Duty leave.

6. Accrued Time Off. APL hours must be used in accordance with Legacy Health APL policy (LHS.500.304).

K. LEAVE TO CARE FOR A COVERED SERVICE MEMBER
1. Purpose. To allow family members time away from work to provide care for a
covered service member who is injured in the line of duty or whose serious illness/injury was aggravated by service in the line of duty. Care can include undergoing medical treatment, recuperation or therapy, on outpatient status or is otherwise on the temporary disability retired list for a serious injury or illness.

**Family Members** include spouse, son, daughter, parent or next of kin.

**Covered Service Member** is defined as a member of the Armed Forces, including a member of the National Guard, Reserves or a veteran.

2. **Eligibility.** Employee must have been employed for 12 months and worked at least 1250 work hours during the previous 12 months immediately prior to the start of the leave. FMLA designation will be sent provisionally within 24 hours from the Integrated Leave Program’s notice of a leave request.

3. **Request/Authorization.** An employee must call the HR Answer Center, or file through “Report it!” on the intranet, to determine eligibility and request a leave of absence. This should be done in a reasonable and practicable time frame.

4. **Duration.** A protected leave will be authorized for up to a maximum of 26 workweeks during a single 12-month period.

5. **Method for Determining the “12 Month Period”.** An eligible employee’s leave entitlement is limited to a total of 26 workweeks of leave during a single 12-month period. Legacy determines the “12 month period” in which the 26 weeks of leave entitlement occur by using a “rolling” 12-month period measured backward from the date an employee uses leave to care for an injured service member.

6. **Accrued Time Off.** APL hours must be used in accordance with Legacy Health APL policy (LH.500.304).

Approval:
Executive Council
HR Leadership
Legal

Originator:
Human Resource Leadership