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# MEMORANDUM



The Maryland-National Capital Park and Planning Commission  
Department of Human Resources and Management  
Suite 404, 6611 Kenilworth Avenue, Riverdale, MD 20737

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## Family and Medical Leave Act

### Directions for Application and Approval of Leave Requests

#### Employees

An employee must complete an "Application for Family, Medical or Military Leave" form and the appropriate Certification form. The employee gives these forms to their supervisor. The following forms are available for employees to use to apply for leave under the Family Medical Leave Act (FMLA):

Form #	Form Description
WH-380-E	Certification of Health Care Provider for Employee's Serious Health Condition
WH-380-F	Certification of Health Care Provider for Family Member's Serious Health Condition
WH-384	Certification of Qualifying Exigency for Military Family Leave
WH-385	Certification for Serious Injury or Illness of Covered Service member – for Military Leave
WH-385-V	Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

Additional information can be found in the Employee Benefits Handbook. The Handbook can be found on under Employee Health & Benefits Guide and Forms -on the internet site [www.mncppc.org/275](http://www.mncppc.org/275)

#### Employee's Own Serious Health Condition

If an employee requests leave to care for his/her serious health condition, **WH-380-E** should be completed. All employees are required to submit a return to work note certification from your treating physician that confirms that you are released from medical and are able to perform the essential functions of your job.

Employees out of the office for more than 30 days are required to submit a fitness-for-duty certification.

#### Family Member's Serious Health Condition

If an employee requests leave to care for a seriously ill child, spouse, or parent, or for the birth or adoption of a child, **WH-380-F** should be completed. The employee may be required to prove the relationship to a family member. The following is a list of generally accepted documents demonstrating a relationship between an employee and family member

Family Member	Documents Demonstrating a Relationship
Spouse	Marriage license
Adoption	Court Order
Foster Care	Court Order
Parent	Employee's birth certificate
Grandchild	Child and grandchild's birth certificate and tax documents where employee was primary caretaker of the grandchild
In Loco Parentis	Court order for custody, tax documents demonstrating a dependent relationship; other requirements as needed for a specific case

A parent means a biological, adoptive, step or foster father or mother or any other individual who stood in loco parentis to the employee when the employee was a child. This term does not include parents "in law."

Since Health & Benefits may already have a copy of the listed document(s) on file, the documentation may be able to be verified with a phone call to the Department Head or designee. In all cases, the employee has the allowed 15 calendar days to provide documentation to support the relationship status and provisional approval for FMLA will be granted during this period. Ineligible family members include but are not limited to aunt, uncle, cousin and in-laws.

#### Family Member in Military – Qualifying Exigency

If an employee requests leave to spend time with a family service member, **WH-384** should be completed. Proof may be required that the family member is in the military and is a family member.

#### Family Member in Military - Serious Injury or Illness of Service member

If an employee requests leave to care for a seriously ill or injured family service member, **WH-385** should be completed. Proof may be required that the family member is in the military and is a family member. For next of kin to a service member, documents may be required that demonstrate the blood relative relationship.

#### Family Member in Military - Serious Injury or Illness of Veteran

If an employee requests leave to care for a seriously ill or injured Veteran, **WH-385-V** should be completed. Proof may be required that the family member is a Veteran and is a family member. For next of kin to a Veteran, documents may be required that demonstrate the blood relative relationship.

#### Health Care Providers

A health care provider must be authorized to diagnose and treat physical or mental conditions in the state or country in which the services are rendered and performed within the scope of his/her practice as defined under State/Country law. The appropriate completed Certification of Health Care Provider form should be returned to the Department Head or designee.

#### Use of Paid/Unpaid Leave

Employees may refer to the explanation provided of the FMLA for designation of paid and unpaid leave under the FMLA in the Merit Rules Sections 1470, 1633 and 1642.

An employee using accrued leave must designate using the “Application for Family, Medical or Military Leave” form, the order and amount of leave the employee intends to use. If an employee does not designate use of leave, applicable leaves will be used in the following order: 1) sick, 2) annual, 3) compensatory, 4) personal or 5) other leave programs.

### **Department Head**

The Department Head or designee must complete both of the following forms within five (5) business days of knowledge that an employee either is using or intends to use FMLA leave:

1. WH-381 – Notice of Eligibility and Rights & Responsibilities
2. WH-382 – Designation Notice to Employee of FMLA Leave

These forms can be found on Commission’s internet site [www.mncppc.org/275](http://www.mncppc.org/275) under Family & Medical Leave Act (FMLA)

The appropriate Certification of Health Care Provider form shall be maintained according to the Merit System Rules and Regulations for confidential medical records and should be sent to the Health and Benefits Office, Department of Human Resources and Management.

### **Questions**

Questions regarding either the FMLA or the forms may be directed to the Health & Benefits Office (301-454-1694 or [benefits@mncppc.org](mailto:benefits@mncppc.org) . Inquiries may also be mailed to the attention of the Health & Benefits Office at the address listed in the letterhead.