

FMLA A Look at the Basics

General Information

The Family Medical Leave Act of 1993 (FMLA) allows “eligible” employees of a covered employer to take a job-protected, unpaid leave for up to a total of 12 workweeks in a 12-month period for certain “qualifying events” such as:

- To care for the employee's child after birth, or placement for adoption or foster care.
- To care for the employee's spouse (as defined or recognized under state law), son or daughter, or parent who has a serious health condition.
- For a serious health condition that makes the employee unable to perform the functions of the employee's job.
- Active Duty/Qualifying Exigency Leave arising out of the fact that a covered employee's spouse, child or parent is on or has been called or ordered to active duty in the Armed Forces in support of a contingency operation.

Additionally, employees may also be entitled to Military Family Leave:

- Qualifying Exigency Leave arising out of the fact that a covered employee's spouse, child or parent is on or has been called or ordered to active duty status in the National Guard or Reserves in support of a contingency operation. Employees may use their 12-week entitlement for certain qualifying exigencies which include attending certain military events, arranging for alternative childcare, addressing certain financial or legal arrangements, attending counseling sessions, and attending post-deployment reintegration briefings.
- Caregiver Leave for up to 26 weeks* in a single 12-month period to care for a spouse, son, daughter, parent, or next of kin (nearest blood relative) who is a covered service member. The service member must have a “serious injury or illness” incurred while in the line of duty that may render the member medically unfit to perform his/her duties for which the service member is undergoing medical treatment, recuperation, or therapy, or is in outpatient status; or is on temporary disability retired list.

* The single 12-month period for Caregiver Leave shall begin on the first day that an employee takes leave for this reason and shall end 12 months later. An eligible employee shall be entitled to a combined total of 26 weeks of leave for any FMLA-qualifying event during the single 12-month period.

- For clarification on provisions allowed by State Family and Medical Leave laws, please visit the [State Family and Medical Leave Eligibility and Entitlement Charts](#) or the [State FMLA & Paid Leave Laws](#) page
- For additional details regarding the Active Duty/Qualifying Exigency Leave and/or Caregiver Leave, please visit the FMLA [Frequently Asked Questions](#) section under the “Military Family leave” topic.

Federal Eligibility Requirements

To be eligible for federal FMLA an employee must meet the initial eligibility requirements as listed below:

- **12 Months of Service**

The employee must have attained at least 12 months (52 weeks) of service with AT&T or a participating company. The attained service does not necessarily have to be consecutive but employment periods prior to a break in service of 7 years or more need not be counted in determining whether the employee has been employed at least 12 months. . .

- **1250 Hours Worked**

The employee must have worked 1,250 hours in the 12-month period immediately preceding the absence.

eLink employees

Determining 12 months of service and the hours worked for employees paid through *eLink* does not require the supervisor/FMLA1 filer to manually calculate. Data will be gathered by *eLink* going back 52 weeks from the absence date requested. Based on the employee's work state, the appropriate data will be used to determine which hours worked are to be included or excluded. For California employees, data will be gathered by *eLink* going back 52 weeks from the absence date requested plus the number of days reported for PDL absence/reason codes.

- **FMLA time remaining**

The employee must have FMLA time remaining (federal and/or state).

NOTE: The FMLA applies only to employees who are employed within any State of the United States, the District of Columbia or any Territory or possession of the United States.

Entitlement

Upon meeting eligibility requirements, the employee will be entitled to 12 work weeks (60 days) within a 12-month period. As of 01/01/01, the 12 month period will be measured in a calendar year (January – December).

It may be possible for an employee to use consecutive 12-week entitlements if they are on leave or short-term disability beginning in the late part of the calendar year and into the new calendar year. If an employee was FMLA-eligible on the first day of the absence period, that employee will remain eligible for the entire absence period.

NOTE REGARDING STATE FAMILY AND MEDICAL LEAVE LAWS:

State FMLA & Paid Leave Laws

Several states offer unpaid family medical leave similar to Federal FMLA. When verifying whether a request for family and medical leave will be protected by law, it is important to consider both Federal FMLA and state family & medical leave laws.

Additionally, some states and/or municipalities have paid leave programs that provide eligible employees paid time off depending on the circumstances and conditions of the leave. **Leave afforded by these laws may or may not provide absence protection or guarantee job reinstatement.** Employees should check with their supervisor if they reside in a city or state that offers a paid leave program to confirm this information.

The [State FMLA & Paid Leave Laws](#) page has links that will direct you to state/municipal-sponsored sites providing information regarding State Family and Medical Leave Laws and State and/or Municipal Paid Leave Programs.

Duration of Absences

Eligible employees may request an FMLA absence as:

- consecutive days;
- an intermittent absence
- a reduced work schedule

Employees are not required to request FMLA in full day increments.

Effective 5/17/09, Employees except those who work in California may only request FMLA for absences that meet the minimum duration of one hour unless the absence occurs at the end of their shift.

The one hour minimum is to qualify the absence for FMLA consideration. Absences that are more than one hour, but do not continue in full hour increments are still permitted (e.g. employee who is 1 hr and 30 min late at the start of their shift may request FMLA for 1.5 hrs) Mobility employees that report their time in My Time and work in California may continue to submit requests in 1 min increments.

CALIFORNIA EMPLOYEES ONLY: Employees working in the state of California are not impacted by this change. California Mobility employees may continue to submit requests in 1 min increments and California Legacy A employees may continue requesting FMLA for 15 min increments.

(section revised 8/2009)

Disability and FMLA

Approved Disabilities

FMLA runs concurrently with approved Short-Term Disabilities. This will be effective as long as you are eligible for FMLA and have not exhausted 12 weeks in a 12-month period under federal FMLA or any applicable leave period under state law.

Note: If your disability has been approved by the Integrated Disability Service Center (IDSC), the incidental days of absence (first 7 consecutive days) will be FMLA protected.

Denied Disabilities

If your claim for disability benefits is denied, you may request FMLA consideration for the denied disability period if you have met the eligibility requirements and have not exhausted your FMLA entitlement. Your manager will be required to submit a revised FMLA1 reporting the denied disability period. **You will be required to have your health care provider complete and submit a Certification of Health Care Provider Form (FMLA4) to FMLA Operations within the allotted time frame to support your absence in accordance with FMLA guidelines.**

Workers' Compensation and FMLA

FMLA runs concurrently with approved time off work in relation to a Workers' Compensation claim.. This will be effective as long as you are eligible for FMLA and have not exhausted 12 weeks in a 12-month period under federal FMLA or any applicable leave period under state law.

Your manager must submit an Employee Eligibility Form (FMLA1) to report the work time missed and the outcome of your Workers' Compensation claim. If approved, you will not be required to have your health care provider submit a Certification of Health Care Provider Form (FMLA4).

Leaves of Absence and FMLA

Approved leaves of absence under the AT&T Leave of Absence Policy that are for FMLA qualifying events will run concurrently with FMLA and will be deducted from your FMLA quota as long as you are eligible and have not exhausted your FMLA entitlement.

Your manager will be required to submit an Employee Eligibility Form to report the leave of absence. If approved departmentally, you will not be required to have your health care provider submit a Certification of Health Care Provider Form (FMLA4).

Steps required by the Employee to initiate an FMLA request

Step 1 You must provide your supervisor at least 30 days advance notice before FMLA leave is to begin if the leave is foreseeable. However, any unforeseeable leaves require you to notify your supervisor within 2-business days of learning of the need for a leave or no later than two business days of your return to work. It is recommended that you provide your supervisor with as much detailed information to allow him/her the ability to submit a complete and accurate FMLA1 to FMLA Operations. This will expedite your FMLA request with minimal delays to the process.

If you are seeking leave due to a qualifying reason for which you had been previously granted FMLA leave you must specifically reference the prior leave or specifically request the need for FMLA.

Step 2 Once the FMLA request is made, your supervisor will (1) determine your eligibility, (2) notify you of your eligibility (3) submit the FMLA1.

- If you are an **eligible** employee, you should be provided with a copy of the FMLA1 (Eligibility Form), FMLA2 (Your Rights Under FMLA) and FMLA4 (Certification of Health Care Provider) from your supervisor.
- If you are an **ineligible** employee, you should be provided with a copy of the FMLA1 (Eligibility Form) and FMLA2 (Your Rights Under FMLA) from your supervisor.

It is essential that you review and verify all of the information populated on the FMLA1 and FMLA4. Any discrepancies (e.g. home address, dates of absence, etc.) should be immediately reported to your supervisor.

Step 3 All FMLA4 forms must be completed by the Health Care Provider and submitted to AT&T FMLA Operations. The form may be submitted via fax if directly sent from the office of the Health Care Provider to 1-888-307-3652 or you may mail the *original* document via US Mail to:

AT&T FMLA Operations
105 Auditorium Circle, 12th Floor
San Antonio, Texas 78205

It is your responsibility to ensure that the required forms are submitted to the FMLA office within 15 calendar days (plus 5 days US Mail) from the day the FMLA4 was given or mailed to you by your supervisor; this day will be referenced on the FMLA1.

Helpful tips on submitting your FMLA4

- Requests for FMLA may not be approved if the medical certification is not received within the specified timeframe. It is your responsibility to notify the Health Care Provider of the due date and ensure that it is submitted to FMLA Operations within the designated time frame. Untimely submissions may result in the Final Denial of your request.
- You may request an extension by utilizing the self service option available on the FMLA Status Site. If you do not have access to this application, the request may be made by calling HROneStop at 1-888-722-1787 and using the automated voice response system (IVR). Any requests for extensions must be made prior to the final due date; requests made after the due date may not be accepted.
- The Certification of Health Care Provider (FMLA4) must be received in its entirety. Failure to submit all the necessary pages may make the form invalid and could affect the outcome of your request.
- NOTE: It may not be necessary to submit a new FMLA4 for *each* intermittent request if you have already provided medical documentation to FMLA Operations. You may contact HROneStop to verify if medical information is on file. However, a decision will not be rendered until the FMLA Case Manager reviews the FMLA1 submitted on your behalf.

- Step 4 Once the FMLA4 is received and reviewed by FMLA Operations, you will receive a letter notification (FMLA5) via US Mail advising you of the outcome. This outcome is also displayed in the FMLA Status web-site at <https://hr.sbc.com/fmlastatus>
- If the FMLA request is approved, no further action will be required of you.
 - If the FMLA4 is received timely, but is deficient, your FMLA request will be initially denied and you will be given an additional 15 calendar days (plus 5 days US Mail) to submit a revised FMLA4 to provide the information requested in the initial denial letter. This revised FMLA4 should provide all information requested on the initial denial letter.

NOTE: Failure to submit the FMLA4 within 15 consecutive calendar days (plus 5 days US Mail) will result in a final denial.

Employees may elect to receive FMLA determinations by e-mail. See “Helpful Information” below for information on how to sign-up.

- Step 5 Once the revised FMLA4 is received and reviewed by the FMLA Processing Unit, you will receive another letter notification (FMLA5) via US Mail advising you of the final outcome.

All required information must be provided to receive FMLA approval. If the additional medical information received is still deficient, your request may be final denied

The table below outlines employee and supervisor roles and responsibilities as described in steps 1-5

| Employee Responsibilities | Supervisor Responsibilities |
|---|--|
| Report the absence to your supervisor within the specified timeframe (foreseeable or unforeseeable) | Determine eligibility and entitlement |
| Verify information on the FMLA4 (name, ATTUID) | Submit the FMLA1 |
| Submit the FMLA4 by the designated due date | Provide eligible employee with a copy of the FMLA1, FMLA2 and FMLA4 |
| Monitor the outcome of the request via the FMLA5 that is mailed to your home or by accessing the FMLA status website at https://hr.sbc.com/fmlastatus . Based on the outcome, proceed with required action, if any. | Provide ineligible employees with a copy of the FMLA1 and FMLA2 |
| Confirm receipt of any and all additional information submitted via the FMLA Status Website | If absence is approved, update time and pay records appropriately, and deduct approved hours from the employee’s entitlement |

Helpful Information

Electronic Notification

Employees are now offered the option of receiving FMLA Determination Notices (**FMLA5s**) via email rather than US Mail

Enrolled employees may elect to have FMLA correspondence sent to their personal email, work email or both. Once enrolled, employees will no longer receive correspondence via US Mail. Participation in this program will minimize postal delays, offer immediate status of FMLA claims and provide added security to all FMLA related correspondence.

Employees interested in enrolling should access the enrollment site at <https://intra.att.com/fmla/email/> to complete the enrollment form.

FMLA Reference Table

| Reference | Reference site | Reference email address or contact number | Reference description |
|-------------------|----------------------|---|---|
| General FMLA Info | FMLA Web-site | http://ebiz.sbc.com/hronestop/index.cfm?fuseaction=Display&type=FMLATandAHome | Offers information on the definition and purpose of FMLA, how to request FMLA leave, supervisor responsibilities, information on existing requests, and Frequently Asked Questions (FAQs) |
| Forms | FMLA Status Site | https://hr.sbc.com/fmlastatus/ | Employee may obtain a blank FMLA4 - Certification of Health Care Provider |
| Status | FMLA Status Web-site | https://hr.sbc.com/fmlastatus/ | Allows employees, supervisors, attendance managers and HRGs to check the status of FMLA cases. |
| Calls | Contacting FMLA | 1-888-722-1787 | Allows employees, supervisors, attendance managers to speak to an HROnestop agent about FMLA questions. |

Some Quick Tips

Don't wait until the last minute — Give your supervisor plenty of notice about your upcoming absence — you should give 30 days notice for planned absences and at least two days notice after returning from an unplanned absence.

Give your supervisor ALL the necessary details — Make sure you provide your supervisor with *all* the information he/she needs to complete the FMLA1. By doing so, you will help avoid delays in processing your request.

Return the FMLA4 by the deadline — You must return the Certification of Health Care Provider Form (FMLA4) to the FMLA Processing Unit by the 15-day deadline (plus 5 days mail). This information is critical for FMLA Operations to render a decision. Make sure the health care provider completes the FMLA4 promptly and submits it to the FMLA Processing Unit by the due date. **It is your responsibility to make sure the medical certification is received in the FMLA office within the specified timeframe.**

Key Facts About FMLA

Job protection – An FMLA approved absence is a “job-protected absence.” This means absences approved under FMLA are not subject to disciplinary action. You may return from an FMLA absence to your former position, or an equivalent one, with comparable benefits, pay and other terms of employment. You have no greater right to reinstatement than if you had been continuously employed.

Benefits – Your health care benefits will continue throughout your FMLA absence, as long as you continue to make any applicable health care contributions and remain on the payroll system.

Business needs – An FMLA absence may NOT be denied by the Company due to needs of the business. However, planned absences must be discussed with your supervisor in advance so as not to conflict with business operations. If the time off needed can be arranged to take place on your own personal time (outside of normal business hours), you should make every effort to do so.

Terms and Definitions

Spouse

The Federal Regulations define spouse as a husband or wife as defined by or recognized under the state law for the purposes of marriage in the state where the employee resides, including common law marriage in states where it is recognized. However, consistent with other AT&T policies "spouse" for purposes of FMLA and state family and medical leave laws will also include Legally Recognized Partners (LRP) regardless of the state in which the employee resides. This practice is consistent with other AT&T policies that embrace and celebrate diversity of race, ethnicity and sexual orientation in our workforce.

Definitions of Legally Recognized Partner are provided below:

- Is a Registered Domestic Partner (RDP) --- any individual with whom an employee has entered into a domestic partnership that has been registered with a governmental body pursuant to a state or local law authorizing such a registration; **or**
- Has entered into a different-gender or same-gender relationship with an employee pursuant to and in accordance with state or local law, such as marriage, civil union or other legally recognized arrangement that provides similar legal benefits, protections and responsibilities under state law to those afforded to a lawful spouse.

FMLA leave will be extended to LRP's (and RDP's) even if the location where the couple is legally recognized is not the same state, county or municipality where they work or live.

FMLA Operations will retain the right to request a signed and notarized form or letter, or other official documentation (e.g. marriage certificate) verifying that a marriage, union, or partnership is legally recognized by a state, county or municipality.

Added 2/1/2010

Child

A biological, adopted or foster child, stepchild, legal ward, or a child of a personal standing in-*loco-parentis* who is either: under age 18; or age 18 or older and incapable of self-care due to a mental or physical disability as defined by applicable law.

Parent

A biological parent or an individual who stood in-*loco-parentis* to an employee when the employee was a child. This term does not include parents-in-law.

In-Loco-Parentis

Persons who are in-*loco-parentis* include those with day-to-day responsibilities for the care and financial support of a child or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

Serious Health Condition

(Note: the following definition is the federal FMLA definition, and is not meant to be used as a guide for determining a serious health condition. Only a health care provider can designate a serious health condition) – an illness, injury, impairment, or physical or mental condition that involves one of the following:

Inpatient care

(i.e., overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with that inpatient care stay.

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Continuing treatment

A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

Absence plus treatment

A period of incapacity of more than three consecutive, full calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:

(1) Treatment, two or more times within 30 days of the first date of incapacity unless extenuating circumstances exist, by a health care provider, a nurse or physician's assistant under direct supervision of a health care provider or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by a health care provider; or

(2) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatments under the supervision of the health care provider. Treatment by a healthcare provider means an in-person visit to a healthcare provider. The first (or only) in-person treatment visit must take place within seven days of the first date of incapacity.

Pregnancy

Any period of incapacity due to pregnancy and for prenatal care.

Chronic conditions requiring treatments

Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:

Requires periodic visits (defined as at least twice a year) for treatment by a health care provider or by a nurse or physician's assistant under direct supervision of a health care provider
Continues over an extended period of time (including recurring episodes of a single underlying condition); and

May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

Permanent or long-term conditions requiring supervision

A period of incapacity, which is permanent or long term due to a condition for which treatment may not be effective. You or a family member must be under continuing supervision of, but not need be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

Multiple treatments for certain non-chronic conditions

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).