



COOK COUNTY BUREAU OF HUMAN RESOURCES

POLICY TITLE: PARENTAL LEAVE

Effective Date: August 1, 2013

Policy Number: N/A
Associated Personnel Rule: 6.03(b)

Policy Form:
Parental Leave Request
FMLA Certification

PURPOSE: To establish the terms and conditions under which employees are entitled to paid time off ("parental leave") as a result of the birth or adoption of a child.

This policy shall be considered as an alternative to BHR Personnel Rule 6.03(b), Maternity/Paternity Absence. An employee that chooses Parental Leave will not be eligible for additional leave pursuant to BHR Personnel Rule 6.03(b). As of the effective date of this policy, BHR Personnel Rule 6.03(b) will also apply to the adoption of a child. If any provision in this policy is in conflict with a specific provision of BHR Personnel Rule 6.03(b) or any other BHR Personnel Rule, the provision of this policy shall take precedence.

AREAS AFFECTED: This policy applies to all full-time non-union County employees. In order to be eligible for parental leave, an employee must apply for and be determined to be eligible for FMLA (Family and Medical Leave Act) leave. If an employee has FMLA coverage at the time he/she requests parental leave, and has utilized some or all of the allotted 480 hours of FMLA coverage, the employee will nevertheless be entitled to parental leave pursuant to all other provisions of this policy and provided that the employee submits an FMLA Certification form to support the request for parental leave. An employee is eligible to take FMLA leave if he/she:

- (a) has been employed by the County for at least twelve months within the prior seven years (including interrupted service); and,
- (b) has worked at least 1,250 hours during the twelve-month period prior to the commencement of the leave.

All parental leave shall run concurrently with approved FMLA leave.

Any employee who was granted FMLA coverage, or who would have otherwise qualified for such coverage, as the result of the birth of a newborn or adoption of a child during the twelve week period prior to the effective date of this policy, shall be eligible for parental leave.

POLICY AND PROCEDURES: Eligible employees are entitled to receive the following parental leave:

- Up to four (4) weeks (twenty work days) of parental leave to a birth mother to recover from a non-surgical delivery; or
- Up to six (6) weeks (thirty work days) of parental leave to a birth mother to recover from a surgical delivery; or
- Up to two (2) weeks (ten work days) of parental leave for the birth of a child or children to a spouse or domestic partner or civil union partner; or
- Up to two (2) weeks (ten work days) of parental leave for the adoption of a child or children by the employee or the employee's spouse or domestic partner or civil union partner.

Parental leave shall be administered in conjunction with the Family & Medical Leave Act, and may be combined with other accrued paid time off such as vacation, personal and/or sick time (consistent with BHR Personnel Rule 6.02[b], Sick Leave) to achieve the maximum amount of paid time off while taking FMLA leave. However, employees cannot use parental leave prior to the date of birth/adoption, and must use parental leave in a continuous block of time beginning on the day of birth or adoption. An employee who qualifies for parental leave may be entitled to additional time off pursuant to the FMLA. Therefore, employees interested in applying for parental leave should first review the County's FMLA policy. Additional benefits may be available from the Cook County Pension Board.

Health insurance benefits for an employee receiving parental leave shall be maintained and administered under the same conditions as for an employee covered by FMLA.



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All rights to parental leave cease at the close of business on the effective date of an employee's separation or layoff, and neither the employee nor the employee's estate is entitled to any further compensation for parental leave beyond the effective date of the employee's separation or layoff.

The utilization of parental leave shall not have a negative impact on employment status. Any fraudulent attempt to obtain such leave may result in disciplinary action, up to and including termination.

Requesting Parental Leave

In order to apply for parental leave, an employee must (a) inform his/her supervisor of the request in writing at least thirty days before the expected date of delivery or adoption, and (b) submit a completed application for FMLA coverage to the BHR Medical Unit at least thirty days before the expected date of delivery or adoption. To the extent that thirty days' notice is not possible, the employee must comply with (a) and (b) as soon as possible. The employee must also provide a copy of the Parental Leave Request form to the head of the employee's Human Resources office (i.e., employees in Offices Under the President must notify the Chief of the Bureau of Human Resources; all other employees must notify their own human resources department.) An employee who is applying as the spouse, rather than the person giving birth, must also include with their FMLA application proof of marriage or domestic partnership or civil union.

If an employee intends to remain off work after the paid parental leave is exhausted, it must be in conformance with the FMLA certification provided by the physician.

In the event that a surgical delivery is performed, the employee must submit an additional FMLA Medical Certification form in order to qualify for six weeks of parental leave.

An employee requesting parental leave due to adoption must also apply for FMLA and complete a Parental Leave Request form. The following must also be provided:

- a Certification from an adoption agency confirming that the employee, or the employee's spouse or domestic partner or civil union partner, has been matched by the agency with a child or children; and,
- a Certification of the date that the actual adoption became effective; and
- a Certification that you or the employee's spouse or domestic partner or civil union partner, is the adoptive parent.

Employees must clearly indicate on Time Off Request forms that they are requesting parental leave, and the specific days for which such leave is being requested. Timekeepers must verify that the employee has applied for and has been granted FMLA coverage for the dates in question, and must count such absences against the employee's FMLA 12-week allotment.



COOK COUNTY BUREAU OF HUMAN RESOURCES
PARENTAL LEAVE REQUEST FORM

Date: _____

I, (print clearly) _____, hereby request paid parental leave in accordance with the Cook County policy governing such paid leave. My specific request is as follows:

Birth (A copy of the birth certificate is required.)

☐ I am the birth mother and am requesting four weeks of paid leave due to a non-surgical birth. My due date is _____.

☐ I am the birth mother and am requesting six weeks of paid leave due to a surgical birth, which is scheduled to occur on (insert date if known) _____.

☐ I am the ☐ spouse ☐ domestic partner ☐ civil union partner of the birth mother and am requesting two weeks of paid leave.

Adoption (A copy of the adoption certificate is required.)

☐ I am going to adopt a child or children and am requesting two weeks of paid leave.

☐ I am the ☐ spouse ☐ domestic partner ☐ civil union partner of an individual who is going to adopt a child, and am requesting two weeks of paid leave. The anticipated date of adoption is _____.

Check one:

- ☐ I have attached a Certification from an adoption agency confirming that I, or my spouse or domestic partner or civil union partner, have been matched by the agency with a child or children.
- ☐ I will submit a birth certificate within sixty days of taking the leave, confirming that I, or my spouse or domestic partner or civil union partner, am the adoptive parent.

(Note: No additional paid parental leave is allowed in the event of multiple births or adoptions, e.g., twins, siblings.)

EMPLOYEE AND DEPARTMENT HEAD CERTIFICATION

I certify that I am not covered by a Collective Bargaining Agreement and that all of the information I am providing is true and accurate. I understand that I may be subject to disciplinary action, up to and including termination, for providing false or misleading information.

I understand that by choosing to take Parental Leave I am not entitled to the leave provisions contained in Personnel Rule 6.03(b).

Furthermore, with respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment of hiring upon or because of any political reason or factor or knowingly inducing, aiding abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Reclassification Request. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Employee Name: _____ Signature: _____

Employee #: _____ Title: _____ Date: _____

Department Head Approval: _____ Signature: _____

Title: _____ Date: _____

FOR BUREAU OF HUMAN RESOURCES USE ONLY

BHR DETERMINATION

Confirmation of approved FMLA coverage: Yes _____ No _____

Disposition of Request: Approved _____ Denied _____

Chief of BHR: _____ Date: _____

If yes, amount of Parental Leave granted to employee: _____

Disposition of Request: Approved _____ Denied _____

Compliance Officer: _____ Date: _____

(In the event of disagreement, the Compliance Officer's decision will govern.)

BHR CHIEF CERTIFICATION

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment or hiring upon or because of any political reason or factor or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Interim Assignment or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Note: A copy of the approved Request must be submitted to the Pension Board.