MEMORANDUM 011-15HR

TO: Agency Administrators

FROM: Carolyn Horwich, J.D., Director of Human Resources

THROUGH: Rip Colvin, Executive Director

SUBJECT: FMLA and PARs

DATE: March 16, 2015

This memorandum is designed to clarify PAR submissions when an employee is using the Family Medical Leave Act (FMLA).

Personnel Action Forms (PAR's)

People First is the official time keeper for all state employees. For that reason, we must enter leave into People First regardless of whether the employee is getting paid or not.

There are several PAR scenarios available when an employee is on FMLA. Below are guidelines and examples of PARs for an employee who is on FMLA and what the PAR should say.

- For the payroll month, if the employee is paid <u>any</u> hours – that is considered "authorized leave <u>with</u> pay" in the People First system.

- For a payroll month where the employee is <u>not</u> paid any hours – that is considered "authorized leave <u>without</u> pay" in the People First system.

Example 1 – Jerry is on FMLA starting January 4. He uses all of his available leave by January 26. In this scenario, a PAR should be submitted January 4 (or before) using BOMS Code 98, with comments stating "authorized leave with pay

– FMLA". Once Jerry exhausts his leave, a PAR should be submitted using BOMS Code 58, with comments stating "leave without pay – FMLA".

Example 2 – Elaine is on FMLA starting January 1 and stays out the entire month. She has no leave to use. In this scenario, a PAR should be submitted January 1 (or before) using BOMS Code 58, with comments stating "leave without pay – FMLA".

Example 3 – Kramer is on FMLA starting January 15 and stays out through February. Since there is no BOMS transaction code for leave with pay, use BOMS transaction code 98 (Miscellaneous Change) and put in the comments that the employee is on leave with pay. JAC Payroll staff then codes that leave in People First as "Authorized leave with Pay.' This is because PF does not yet have a code for "FMLA with Pay". Please remember to state what type of leave (i.e., FMLA, military, worker's compensation, or personal).

Incidentally, using code 98 will not place the employee on Leave of Absence (LOA).

Attached are PARs that will illustrate the order of Example 1.

Please contact me if you have any questions.

Thank you.

PERSONNEL ACTION REQUEST

TO: Justice Administrative Commission

From: **Employee ID** ███

Employee's Name: **SS#** ███

	PRESENT STATUS	CHANGE TO
Class Code:	5901	
Job Title:	Assistant Public Defender	
Position:	███	
Monthly Rate Of Pay:	$4,208.34	
FTE:	1	

Transaction Date: 10/06/2014   **Note:** If termination or transfer to another state agency, use last day worked at close of business. If leave without pay, use last day to be paid close of business, or explain in comments section.

98   Miscellaneous Change (Explain in comments section)

Transaction _____ (description)
Code

** NOTE **
If transaction code is 58, 98, or 99 explain in comments section.

If transaction Code is 06, refer to "Separation (termination Codes)" and enter appropriate code below:

I hereby certify that the records in this office reflect that the individual named above is due the lump-sum payment for annual and/or sick leave, as indicated below, and local records are in accordance with the Personnel Rules and Regulations governing this office. I further certify that said employee has not forfeited any rights to such sick leave payment for any of the reasons stated in Section 110.122, Florida Statutes.

ANNUAL LEAVE: 0 hrs. 0 min.   Indicate balance of hours accrued for which payment is due. (Enter "0" if none)

SICK LEAVE: Give total hours accrued prior to 10/1/73 _____ hrs. _____ min. ("0" if none)

Give total hours accrued after 10/1/73 0 hrs. 0 min. ("0" if none)

Approved By: ███   _12-Jan-15_   **Date:** _____

Personnel Director - SM

Comments: Authorized leave with pay - FMLA

Performance Evaluation Codes

___	1	Unsatisfactory
___	2	Conditional
___	3	Satisfactory
___	4	Above Satisfactory
___	5	Outstanding
___	0	Not Rated

PERSONNEL ACTION REQUEST

TO: Justice Administrative Commission

From:

Employee's Name:

Employee ID

SS#

	PRESENT STATUS	CHANGE TO
Class Code:	5901	
Job Title:	Assistant Public Defender	
Position:		
Monthly Rate Of Pay:	$4,208.34	
FTE:	1	

Transaction Date: 01/08/2015

Note: If termination or transfer to another state agency, use last day worked at close of business. If leave without pay, use last day to be paid close of business, or expain in comments section.

I hereby certify that the records in this office reflect that the individual named above is due the lump-sum payment for annual and/or sick leave, as indicated below, and local records are in accordance with the Personnel Rules and Regulations governing this office. I further certify that said employee has not forfeited any rights to such sick leave payment for any of the reasons stated in Section 110.122, Florida Statutes.

ANNUAL LEAVE: ___ 0 hrs. ___ 0 min. Indicate balance of hours accrued for which payment is due. (Enter "0" if none)

SICK LEAVE: Give total hours accrued prior to 10/1/73 ___ hrs. ___ min. ("0" if none)

Give total hours accrued after 10/1/73 ___ 0 hrs. ___ 0 min. ("0" if none)

Approved By: _____ 12-Jan-15

Personnel Director -Sm-

Date:

Comments: Authorized leave with pay - personal

98 Miscellaneous Change (Explain in comments section)

Transaction _____ (description)
Code

** NOTE **
If transaction code is 58, 98, or 99 explain in comments section.

If transaction Code is 06, refer to "Separation (termination Codes)" and enter appropriate code below.

Performance Evaluation Codes

____ 1 Unsatisfactory
____ 2 Conditional
____ 3 Satisfactory
____ 4 Above Satisfactory
____ 5 Outstanding
____ 0 Not Rated

PERSONNEL ACTION REQUEST

TO: Justice Administrative Commission

From: _____

Employee's Name: _____   Employee ID _____   SS# _____

	PRESENT STATUS	CHANGE TO
Class Code:	5901	
Job Title:	Assistant Public Defender	
Position:		
Monthly Rate Of Pay:	$4,208.34	
FTE:	1	

Transaction Date: 01/23/2015

Note: If termination or transfer to another state agency, use last day worked at close of business. If leave without pay, use last day to be paid close of business, or explain in comments section.

____ 58   Authorized Leave Without Pay (Explain in comments section)

Transaction _____ (description)
Code

** NOTE **
If transaction code is 58, 98, or 99 explain in comments section.

If transaction Code is 06, refer to "Separation (termination Codes)" and enter appropriate code below.

Performance Evaluation Codes

- ____ 1   Unsatisfactory
- ____ 2   Conditional
- ____ 3   Satisfactory
- ____ 4   Above Satisfactory
- ____ 5   Outstanding
- ____ 0   Not Rated

I hereby certify that the records in this office reflect that the individual named above is due the lump-sum payment for annual and/or sick leave, as indicated below, and local records are in accordance with the Personnel Rules and Regulations governing this office. I further certify that said employee has not forfeited any rights to such sick leave payment for any of the reasons stated in Section 110.122, Florida Statutes.

ANNUAL LEAVE: 0 hrs. 0 min.   Indicate balance of hours accrued for which payment is due. (Enter "0" if none)

SICK LEAVE: Give total hours accrued prior to 10/1/73 _____ hrs. _____ min. ("0" if none)

Give total hours accrued after 10/1/73 _____ 0 hrs. 0 min. ("0" if none)

Approved By: _____   12-Jan-15   Da__

Personnel Director - SM

Comments: (personal) LWOP) Please pay 6.75 hours of pay on 01/23/2015. LWOP for the rest of the month (1/26 - 1/30).