



EMPLOYMENT OPPORTUNITY – POLICE OFFICER

The City of Wisconsin Rapids Police and Fire Commission is currently accepting applications to establish an eligibility list for Police Officers. All previous eligibility lists will become null and void.

Requirements Include:

- * Associate Degree in Police Science, or a college degree in a related field, or minimum of 60 credit hours of college level courses attested by a college transcript
- * Completion of Basic Police Recruit Training with Wisconsin Certification (proof of certifiability required at time of hire)
- * Must be a U.S. Citizen, minimum age of 18 (at time of appointment), and have a valid Wisconsin Driver's License
- * Must be able to withstand a pre-appointment investigation
- * Must have ability to swim and survive in water rescue operations
- * Vision correctable to 20/20 and ability to distinguish color
- * Must be fluent in speaking and writing English
- * Ability to maintain the legal right to possess firearms
- * Must live within 30 miles of the city's jurisdictional boundaries within one (1) year from date of appointment

Salary and Benefits

Current starting salary is \$55,724.62. The City provides attractive benefits, including Wisconsin Retirement System, health and dental insurance, paid time off, and paid holidays.

Examination Procedure

All qualified candidates will be required to pass a written examination and physical agility test, to be conducted at a date to be determined (due to COVID-19 restrictions).

Application Procedure

Application materials may be obtained from our website: <https://www.wirapids.org/job-opportunities.html>. Qualified candidates, please submit application to ddesorcy@wirapids.org, or to the address below, by 4:30 p.m., Friday, May 1, 2020. Submissions must be complete and supporting documentation must be included at time of application.

The City of Wisconsin Rapids is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, gender, sexual orientation, age, marital status, veteran status, disability, or any other protected status. If you need assistance at any time during this application process, please contact Human Resources at (715) 421-8214.

City of Wisconsin Rapids
Police and Fire Commission
444 West Grand Avenue
Wisconsin Rapids, WI 54495-2780
(715) 421-8240
Equal Opportunity Employer
wirapids.org

January 2009
Revised 02/2020

I. POLICE OFFICER HIRING PROCESS

A. WRITTEN APPLICATION

All application materials for the position of police officer must be completed and received by the Human Resources Department not later than 4:30 p.m. on Friday, May 1, 2020. Required application materials include application, advanced educational transcripts, certificates, licenses and diplomas.

B. EXAMINATIONS

Your application will be reviewed to determine if you have met the minimum qualifications. If you have met the qualifications, you will be invited to take the physical agility and written examination if you do not have a current score (within 6 months).

1. Physical Agility:

The physical agility test will be conducted on a date to be determined (due to COVID-19 restrictions). A copy of the exercises you will be required to perform is attached. You must pass all parts of the physical agility testing in order to proceed in the process. You will be allowed one attempt at each station and you must pass each station in order to continue through the process. You will be required to sign a "release of liability" form prior to admission to the testing process.

2. Written Exam:

The written examination is composed of a number of multiple choice questions and covers reading comprehension, problem analysis, math, and reasoning problems. This test is administered by the State of Wisconsin, Wisconsin Personnel Partners, and will be held on a date to be determined (due to COVID-19 restrictions). If you require reasonable accommodation for the examination, you must contact the Human Resources Department one week prior to exam.

3. Interview with PFC:

Based upon the results of the written examination and physical agility test, and other qualifications a candidate may possess, candidates may be invited to participate in an interview before members of the Police and Fire Commission. Candidates will be asked a series of questions to determine their suitability for employment with the Wisconsin Rapids Police Department. All candidates will be asked the same questions; however, the commission reserves the right to ask follow-up questions.

C. ELIGIBILITY LIST

The Police and Fire Commission will compile a list of qualified candidates. The list will be forwarded to the Chief for further review and action.

D. POLICE DEPARTMENT INTERVIEW

When a vacancy exists or is anticipated, the Chief of Police will select candidates from the eligibility list for a finalist interview. The interview will be conducted by members of the department selected by the Chief of Police. The Chief will advise the PFC of changes in the eligibility list which may have resulted from the interviews with members of the department and/or background investigation.

E. BACKGROUND INVESTIGATION

If you are selected as a finalist, an extensive investigation of your background will be conducted. The background investigation may include interviews of former employers, review of previous employment personnel files, criminal background check, driving records, credit history, interviews with neighbors, references, etc. Any false or misleading information provided by you will be cause for rejection.

F. CONDITIONAL OFFER OF EMPLOYMENT

Upon successful completion of all other phases of the pre-employment process, you may be offered a conditional offer of employment. This offer is contingent upon satisfactory results from a Medical Examination, Psychological Examination and Drug Screening.

G. APPROVAL OF APPOINTMENT

Wisconsin Statutes provide that the Police and Fire Commission approve all appointments to the police department.

II. THE WISCONSIN RAPIDS POLICE DEPARTMENT

The Wisconsin Rapids Police Department is headed by the Chief of Police who reports directly to the Mayor. Immediately under the Chief of Police is a Deputy Chief who is responsible for the operational detail of the Department. Under the Deputy Chief are four Patrol Lieutenants who act as Shift Commanders on four crews who are responsible for all personnel and operations on their assigned shift. Reporting to the Patrol Lieutenants are Shift Sergeants who directly supervise the Police Officers. The Detective Bureau is headed by a Detective Lieutenant who reports to the Deputy Chief and supervises detectives.

The rest of the personnel consist of:

1. School Resource Officer also assigned to the Junior High, Middle School and Elementary Schools
2. High School Resource Officer
3. 20 Police Officers
4. 4 Civilian Secretarial/Clerical
5. 20 Police Auxiliary – Volunteer
6. 2 Police Chaplains – Volunteer

III. SALARY AND FRINGE BENEFITS

- A. The current starting salary for a police officer is \$55,724.62.
- B. Currently, employees participate in an excellent group health, dental and life insurance program. The City currently pays 90 percent of the health premium.
- C. Participation in the Wisconsin Retirement Plan.
- D. All police officers currently receive sick leave.
- E. Currently, there are ten paid holidays. Currently, one week of vacation is earned after one year of service.
- F. The City currently provides many other fringe benefits, such as call pay, uniform allowance, funeral and personal leave, etc.
- G. The established work schedule is a 12 hour work day consisting of 2 days on, 2 days off, 3 days on, 2 days off, 2 days on, 3 days off work cycle.
- H. Tuition reimbursement for professional development is currently offered.

**WISCONSIN RAPIDS POLICE AND FIRE COMMISSION
POLICY AND PROCEDURES
PHYSICAL AGILITY TESTING**

This test is completed while wearing a weighted vest with total weight of 14 lbs. (to simulate bullet proof vest and duty belt). Participant will wear long pants and appropriate duty footwear for the test.

Physical Agility Testing Consists of:

1. Climb 68 stairs up-down
2. Run forward, backward, lateral right and lateral left for 20 yards each.
Must complete within 34 seconds
3. Overcome a 6 foot fence w/step
4. Run ¼ mile; must complete within 2:15 minutes
 - a. Evade a 35" surface (½ body must go over top)
 - b. Duck under a 4' hurdle
 - c. Jump over a 1' hurdle
5. Simulate CPR compressions on an adult on the floor, 2 minutes
6. Lift/carry 100 lbs. in a crate, waist height for 10 feet
7. Push 75 lbs. of force at waist level, 25 feet
8. Pull/drag 75 lbs. of force at waist level, 25 feet

WISCONSIN RAPIDS POLICE AND FIRE COMMISSION POLICE APPLICANT MATERIALS

To receive consideration for the position of entry level police officer, you must complete and return the attached materials not later than 4:30 p.m. on Friday, May 1, 2020. **Please note that all application materials, including all supporting documentation, must be received, in the order requested, for your application to be accepted.**

These materials include (in the following order):

1. Standard application for employment.
 - a. Attach copy of college or technical college transcript and diploma.
 - b. Attach copy of Wisconsin Certification of Basic Police Recruit Training (Form DJ-LE 302; Transcript of Basic Law Enforcement Training), if complete.
 - c. Attach a copy of valid Wisconsin driver's license.
2. Additional Information to Standard Application, including a current resume.
3. Release from Liability form. This form will be completed on date of physical agility test. **Do not return form at this time, as it is for your information only.**
4. Authorization for Release of Information.
5. Any additional materials which you may wish to submit.

All of the minimum requirements must be met at time of application. If you do not meet all of the requirements, you will not be invited to complete the other portions of the process.

**WISCONSIN RAPIDS
POLICE AND FIRE COMMISSION
POLICY AND PROCEDURES
APPLICATION FOR EMPLOYMENT
ENTRY-LEVEL POLICE OFFICER POSITIONS**

ADDITIONAL INFORMATION TO STANDARD APPLICATION

RECORD OF LAW VIOLATIONS

Have you ever been convicted of any violation of City Ordinances, State and Federal Laws?
 _____yes _____no

(Include Traffic Violations. Attach separate sheet if necessary.) Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the crime will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

<u>DATE</u>	<u>COUNTY/STATE</u>	<u>LAW VIOLATED</u>	<u>DISPOSITION</u>

RESIDENCES (List all residences in the past twelve (12) years, beginning with your present address.)

<u>FROM (DATE)</u>	<u>TO (DATE)</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE/COUNTRY</u>

I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that any false statements or omissions of fact shall be sufficient cause for rejection of this application.

As part of the application process for an entry-level position with the Wisconsin Rapids Police Department, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are associated, credit reporting firms, local, state and federal law enforcement agencies, past employers, schools, etc. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, criminal convictions, driving record, etc.

By signing this form I acknowledge such investigative report may be made and give my consent to such investigation.

Signed

Date



APPLICATION FOR EMPLOYMENT CITY OF WISCONSIN RAPIDS

The City of Wisconsin Rapids is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, gender, sexual orientation, age, marital status, veteran status, disability, or any other protected status.

If you need assistance at any time during this application process, please contact Human Resources at 715-421-8215.

Position(s) Applied For: _____

The City's Human Resources Department is located in Room 303, Wisconsin Rapids City Hall, 444 West Grand Avenue, Wisconsin Rapids, WI 54495-2780

NOTE: PERSONS SELECTED FOR EMPLOYMENT MAY BE FINGERPRINTED AND MAY BE GIVEN A MEDICAL EXAM. Any offer of employment is contingent upon evaluation and approval of data received via fingerprint check and post-offer medical exam.

Name (Last, First, MI)		Cell Phone:	
Address	City, State, Zip	Home Phone No. (Include Area Code.)	
Email Address:			

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period of Active Service		
Branch:	From:	To:	Rank:

Will you accept Temporary Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Part-Time Work <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are applying for a Police Officer position, are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you now or have you ever been employed by the City of Wisconsin Rapids?	NOW <input type="checkbox"/> Yes <input type="checkbox"/> No	PAST <input type="checkbox"/> Yes <input type="checkbox"/> No	If so give job title	Department	Dates of employment
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Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION	NAME OF SCHOOL	CITY/STATE	YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE & MAJOR
High School					
College					
Graduate					
Certification					

List any other type(s) of formal training that you've completed:



List which Microsoft products you have used:

Are you able to perform the essential functions of the position for which you are applying?
 Yes No

If no, will you be able to perform the essential functions with an accommodation(s)?
 Yes No

IMPORTANT: We need the information requested below to aid us in determining your qualifications for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list your present and past full- and part-time employment. Give special attention to experience relating to the job for which you are applying. Be sure to list volunteer work and any related self-employment. You need not go back beyond 10 years unless you feel prior experience is reasonably related to the position for which you are applying. Use additional sheets if necessary. You may also attach a brief résumé to further explain your qualifications.

Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours per _____)	
Number of employees you supervised: _____			
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours per _____)	
Number of employees you supervised: _____			
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours per _____)	
Number of employees you supervised: _____			



REFERENCES: List three persons who are not related to you who have knowledge of your qualifications for the position for which you are applying, such as former coworkers, teachers, etc. Do not repeat names of supervisors listed under Employment History.

NAME	ADDRESS	BUSINESS OR OCCUPATION	PHONE

I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that false statements or omissions of fact shall be sufficient cause for rejection of this application or dismissal, if I am now an employee of the City. I understand that, if I am employed, such employment does not create a contractual obligation upon the City to continue my employment and that I may be terminated, with or without cause and with or without notice, at any time.

All offers of employment will be contingent upon a background check, drug screen, and medical exam. As required by City Ordinance 3.08, sworn law enforcement and fire and emergency personnel shall be required to reside within 30 miles of the boundaries of the City of Wisconsin Rapids within 12 months of their date of hire. Also included in this category are Public Works Director, Public Works Superintendent, and Parks and Recreation Supervisor.

All employees in the above categories shall be required, as a condition of their employment, to continue to reside within the limits stated above, as long as they remain employed by the City.

I grant permission to the City of Wisconsin Rapids to conduct a criminal background and driver record check and investigate my references, to include past employers listed above. I authorize my references and past employers to provide the City of Wisconsin Rapids information which the City deems appropriate. I waive and release the City of Wisconsin Rapids from any potential liability that may result from the disclosure as described above.

If there are any employers listed above whom you do not wish us to contact, please indicate:

Signature of Applicant

Date

CONFIDENTIALITY – Candidates for City positions may request confidentiality of their names and application information. However, for those positions identified as “local public offices” by §19.42(7)(w) Wis. Stats., the City cannot maintain requested confidentiality if you are a “final candidate” for the position. Generally, only department head positions are considered “local public offices”. Please contact the Human Resources Department to inquire if the position is considered a local public office.

- I request confidentiality of my name as a candidate for this position. I do not request confidentiality of my name as a candidate for this position. Failure to indicate your preference will subject your name for release in accordance with the above statement.

Please complete the information below to assist us in evaluating our recruiting method.

I learned of this position through: (Check where appropriate)

- City Website Indeed
 Social Media (LinkedIn, Facebook)
 Wisconsin Job Center

**CITY OF WISCONSIN RAPIDS POLICE AND FIRE COMMISSION
RELEASE FROM LIABILITY**

WHEREAS, I the undersigned, have made application to the Police and Fire Commission of the City of Wisconsin Rapids for appointment as a police officer; and

WHEREAS, each applicant, as a prerequisite to consideration for such appointment, is required to undergo a physical agility test prescribed by the Police and Fire Commission; and

WHEREAS, all aspects of the physical agility test have been explained to me, and I fully understand that my participation therein is completely voluntary and that the City of Wisconsin Rapids, its officers, agents and employees assume no responsibility for personal injuries or damages which may in any manner occur to me as a result of my participation in the said physical agility test.

NOW, THEREFORE, in consideration of the premises, I the undersigned, for myself, my heirs, representatives, administrators and assigns do hereby release and forever discharge the City of Wisconsin Rapids, Wisconsin, a municipal corporation, its officers, agents, employees and assigns from any and all liability whatsoever on all claims, demands, damages, actions and causes of action whatsoever, which may hereafter accrue, whether known or unknown, anticipated or unanticipated, resulting from, or arising out of, or incident to my participation in the said physical agility test.

I have carefully read the foregoing release and know the contents thereof, and voluntarily sign the same.

Dated at Wisconsin Rapids, Wisconsin, this ____ day of _____, 2020.

Name (Please print clearly!)

Signature



AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the _____
Employing Agency

or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize _____,
Employing Agency

as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature

VETERANS PREFERENCE SUPPLEMENT
FOR POLICE AND FIRE RECRUITMENT
CITY OF WISCONSIN RAPIDS

To claim veterans preference points, you must submit this completed form. Please carefully read the information below and complete the required sections on the reverse side. You must submit this completed form with your application. You need to complete this form only once, unless your status or active service period changes.

PREFERENCE POINTS: Qualifying veterans and certain spouses of veterans can be granted preference points on qualifying exam scores. These points will be added to your exam score if your score is a passing examination.

If you wish to claim veterans preference, complete Sections A, B, and C on the reverse side of this form. Provide personal information in Section A; identify the number of veterans preference points for which you are eligible in Section B; and mark the appropriate box for your (or your spouse's) period of active service in Section C. Note: You must complete all three sections to be eligible for veterans preference. After completing the form, submit it with your application. **If your name is placed on the passing examination, then the City will ask you to verify your eligibility for veterans preference points.**

VETERANS PREFERENCE SUPPLEMENT to the City of Wisconsin Rapids Application

Please read the information on the reverse side of this form before completing this page. Please print all requested information.

A. PERSONAL INFORMATION:

1. Social Security Number (or assigned 9-digit number)			
2. Last Name	3. First Name	4. Middle Initial	
5. Mailing Address	6. City	7. State	8. Zip Code
9. Day Phone ()	10. Evening Phone ()		

B. PREFERENCE POINTS: (CHECK ALL BOXES THAT APPLY):

Mark (X) the correct box below to tell us your status and the number of preference points you are eligible for.

- 1. I am a non-disabled veteran (10 points)
- 2. I am a disabled veteran whose disability is LESS THAN 30% and is service-connected (15 points)
- 3. I am a disabled veteran whose disability is 30% OR MORE and is service-connected (20 points)
- 4. I am a spouse of a disabled veteran whose disability is 70% OR MORE and is service-connected (10 points)
- 5. I am an un-remarried spouse of a veteran who was killed in action OR died from a service-connected disability (10 points)

C. ACTIVE SERVICE INFORMATION:

Mark (X) the correct box below to tell us the period in which you (or your spouse) served. (You must mark at least one box in order to receive the preference points indicated in Section B.

- 99 – **Served for at least two continuous years on active duty under honorable conditions; or the full period of initial service obligation; or was discharged or released after less than two years due to hardship; a service connected disability or a reduction in the armed forces.** (Service did not have to occur during a war period or campaign.)

Active service for at least one day during one of the following wartime periods:

- 01 – August 27, 1940, to July 25, 1947
- 02 – June 27, 1950, to January 31, 1955
- 03 – August 5, 1964, to January 1, 1977
- 04 – Served on active duty as a member of the Reserve or National Guard who was ordered to active duty because of the 1961 Berlin Crisis under Section I of Executive Order 10957
- 05 – Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990, to date to be determined)
- 06 – Afghanistan War (September 11, 2001, to date to be determined)
- 07 – Iraq War (March 19, 2003, to date to be determined)

Entitlement to the Armed Forces, Navy, or Marine Corps Expeditionary Medal or the Vietnam Service Medal for participation in the following campaigns that occurred within the inclusive dates indicated.

- 10 – Berlin August 14, 1961, to June 1, 1963
- 11 – Congo July 14, 1960, to September 1, 1962
- 12 – Cuba October 24, 1962, to June 1, 1963
- 13 – Grenada October 23, 1983, to November 21, 1983
- 14 – Laos April 19, 1961, to October 7, 1962
- 15 – Lebanon July 1, 1958, to November 1, 1958
- 16 – Lebanon August 1, 1982, to August 1, 1984
- 17 – Quemoy and Matsu August 23, 1958, to June 1, 1963
- 18 – Taiwan Straits August 23, 1958, to January 1, 1959
- 19 – Vietnam July 1, 1958, to August 4, 1964
- 20 – Middle East Crisis See s. 45.01(11)(b), Wis. Stats.
- 21 – Operation Just Cause - Panama December 20, 1989, to January 31, 1990
- 22 – Operation Restore Hope - Somalis December 9, 1992, to date to be determined
- 23 – Bosnia December 1, 1995, to date to be determined
- 24 – Operation Enduring Freedom September 11, 2001, to date to be determined

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

