

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF HUMAN RESOURCES

June 3, 2005

HUMAN RESOURCES MEMORANDUM 8-05

TO: Agency Heads, Human Resource Representatives

**SUBJECT: AMENDMENT TO HUMAN RESOURCES MEMORANDUM 17-93
ENTITLED "IMPLEMENTATION OF MAINE STATE
GOVERNMENT FAMILY AND MEDICAL LEAVE POLICY,
EFFECTIVE AUGUST 5, 1993"**

The Maine State Government Family and Medical Leave (MSGFML) policy was implemented pursuant to Human Resources Memorandum 17-93, effective August 5, 1993. Since adopting the MSGFML policy in 1993, the State has adopted a policy of non-discrimination in all employment actions, practices, procedures, and conditions of employment. The policy of non-discrimination is also integrated into the agreements between the State and the State employee bargaining agents.

Inasmuch as the current non-discrimination policy includes non-discrimination on the basis of *marital status* and that Human Resources Memorandum 17-93 currently limits an eligible State employee's use of MSGFML for a "serious health condition" to the employee and the employee's spouse, child, or parent, Human Resources Memorandum 17-93 is not consistent with the non-discrimination policy.

In order to reconcile this inconsistency, the *FAMILY AND MEDICAL LEAVE POLICY FOR EMPLOYEES OF MAINE STATE GOVERNMENT* included in Human Resources Memorandum 17-93 is amended to include "significant other" as an eligible family member with respect to a "serious health condition" under the MSGFML policy. This amendment also defines "significant other" within the meaning of the MSGFML policy. The amendment is highlighted and underlined as shown below:

Leaves Provided by MSGFML Policy

1. The Maine State Government Family and Medical Leave Policy provides eligible State employees up to 12 weeks of paid and/or unpaid leave each calendar year for one or more of the following reasons:

- (a) the birth and first-year care of a child;
- (b) placement of a child for adoption or foster care;
- (c) serious health condition of the employee's spouse, child, ~~or~~ parent, or significant other, and due to this serious health condition the employee is needed for care purposes; and
- (d) employee's own serious health condition that prevents the employee from performing the employee's essential job functions (or from working at all).

2. "Child" means the employee's biological son or daughter, the employee's adopted son or daughter, the employee's ward or a child for whom the employee is functioning as parent. A "child" must be under the age of 18 unless incapable of self-care due to a disability.

3. "Parent" means the biological parents of the employee or an individual who functioned as the parent of the employee when the employee was a child.

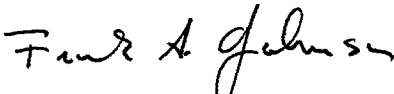
4. "Spouse" means the legal husband or wife of the employee.

4a. "Significant other" means that a relationship exists between two people, neither of whom is married, that is intended to remain indefinitely and where there is joint responsibility for each other's common welfare, there are significant shared financial obligations, and there is a shared primary residence. This relationship must have existed for at least six (6) continuous months prior to the commencement of a MSGFML under this policy.

5. "Serious health condition" means . . . (continued to end of policy).

This amendment is only intended to add the employee's "significant other" (as defined in 4a. above) as a covered family member for purposes of MSGFML for a serious health condition. It is *not* intended to further expand the list of covered family members. All other aspects of Human Resources Memorandum 17-93 will remain in force.

In addition, the *MAINE STATE GOVERNMENT FAMILY AND MEDICAL LEAVE CERTIFICATION FORM* included in Human Resources Memorandum 17-93 is also amended to reflect the changes outlined above and is included herein as Attachment 1.


Frank A. Johnson, Acting Director
Bureau of Human Resources

FAJ/pjs

**MAINE STATE GOVERNMENT
FAMILY AND MEDICAL LEAVE CERTIFICATION FORM**

1. Employee's Name: _____ Department: _____
SS#: _____

2. Type of MSGFML leave (Check one):

_____ Birth of child _____ First-Year Care of Child

_____ Adoption of Child _____ Foster Care Placement

_____ My own serious health condition. Explain condition and how this condition makes you unable to perform the essential functions of your job: _____

_____ Serious health condition of _____ my child _____ my spouse _____ my parent _____ my significant other. Explain health condition and reason why you are needed for care purposes: _____

3. Explain the medical reason for taking leave by reduced workweek or intermittently (Answer if applicable): _____

4. Leave Start Date: _____ Leave End Date (Estimate if necessary): _____

5. Complete only for leaves based on a serious health condition (Check one):

_____ My health condition commenced on: _____ (date).

_____ My need to care for my spouse/child/parent/significant other commenced on: _____

(OVER)

6. My spouse/significant other _____ is _____ is not requesting leave at this same time. (Answer only for leaves other than serious health condition leaves and if your spouse/significant other is a State employee who works in the same department that you do).

If a medical statement from your health care provider has been requested, please attach this statement. Please read employee information on reverse side of form.

Signature of Employee

Date

MSGFML Certification Form - 8/5/93

AMENDED 6/3/05