

**FOR OFFICE USE ONLY**

Print Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Application #: \_\_\_\_\_

# **CITY OF NEW BALTIMORE FIRE DEPARTMENT**



## **APPLICATION**

**36535 GREEN STREET  
NEW BALTIMORE MI, 4804  
(586)725-0990**

**Fire Chief, JEFF STELLMAN**

## **Instructions**

The City of New Baltimore Fire Department is currently accepting applications for the purpose of developing a fire department employment list. Applicants must meet the following requirements:

- 18 years of age or older at the time of application
- High School Diploma or GED
- Possess a valid, unexpired Driver's License
- Good moral character
- Firefighter 1&2 within one year of hire
- Basic EMT license within one year of hire

All completed applications shall be submitted to the City of New Baltimore. Applications must be submitted in person, please do not fax your application.

City of New Baltimore  
Department of Human Resources/ Fire Dept.  
36535 Green Street  
New Baltimore MI, 48047

- Applications must be typed or printed clearly in black or blue ink
- **ALL** blanks in the application must be completed or marked appropriately as not applicable (N/A)
- **ALL** pages must be initialed, signed and notarized in the appropriate location(s)
- Applications which are incomplete in **ANY** way will be disqualified from consideration

## **Document Checklist**

**The following documents MUST be attached for your application to be considered complete. Failure to attach any of the following documents will result in your application being disqualified from consideration.**

- Copy of unexpired Driver's License
- Copy of Birth Certificate
- Copy of Diploma(s) or Transcripts for **ALL** education listed
- All blanks in the application completed or marked N/A
- All pages initialed

**NEW BALTIMORE FIRE DEPARTMENT**

NEW BALTIMORE, MI



Date Submitted: \_\_\_\_\_

Applications must be typed or clearly printed in black ink. **All questions must be answered.** If the question does not apply to you, indicate such by marking “N/A” in the appropriate area. To furnish additional information, use a blank paper the same size as this application. Applicants must understand that all appointments are probationary for a period of twelve (12) months, during which they must demonstrate their fitness for continued employment by the Fire Department. They must also understand that it has been necessary to establish regular day and night shifts, in view of which they must be available for such assignments.

Any employment is contingent upon the results of a complete character and fitness investigation, and they must be aware that **willfully withholding information or making false statements on this application will be the basis for dismissal** from the department. All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge.

The signature of the applicant on this form indicates such agreement. Any doubts the applicant has concerning the meaning or applicability of the questions and statements forming this application are to be directed to the Human Resources Administrator or Fire Chief prior to submitting the completed form.

After carefully reading the above instructions place your initials in the space provided.

INITIALS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PERSONAL**

Name:

\_\_\_\_\_

(First) (MI) (Last)

List all other names (maiden, nickname, etc., or if name was legally changed)

\_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone Numbers: \_\_\_\_\_

(Cell) (Home) (Work)

E-Mail Address: \_\_\_\_\_

Are you over the age of 18?  Yes  No

Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Are you a U.S. Citizen?  Yes  No Naturalized?  Yes  No

Naturalization #: \_\_\_\_\_ Place: \_\_\_\_\_ Court: \_\_\_\_\_

**INITIALS:** \_\_\_\_\_

**EDUCATION: Please provide copies to verify education and schools completed.**

Please check the last year of school you completed.

- 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18

<b>HIGH SCHOOL</b>	<b>LOCATION</b>	<b><u>DEGREE/</u></b>	<b>FROM/TO</b>	<b>MAJOR COURSE</b>	<b>DIPLOMA (GED)</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**TRADE SCHOOL OR FIREFIGHTER CERTIFICATION** (i.e., Firefighter I, Firefighter II, and Emergency Medical Technician Basic Certifications):

\_\_\_\_\_

\_\_\_\_\_

**COLLEGE**

\_\_\_\_\_

**GRADUATE SCHOOL OR OCCUPATIONAL SCHOOL**

\_\_\_\_\_

**WAIVER:** I hereby give the New Baltimore Fire Department permission to check my records, including teachers, with the above-listed schools.

**INITIALS:** \_\_\_\_\_



**EMPLOYMENT**

Please list **all** jobs you have had including temporary, part-time, and full-time (attach additional sheets if necessary). **If you are presently employed, list present employer first.**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WAIVER:** I hereby give the New Baltimore Fire Department permission to check all my residences and interview whomever they wish.

USE BACK OF THIS PAGE IF NECESSARY

**EMPLOYMENT (continued)**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**INITIALS:** \_\_\_\_\_

**EMPLOYMENT (continued)**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT (continued)**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WAIVER:** I hereby give the New Baltimore Fire Department permission to check all my records from past employers.

**INITIALS:** \_\_\_\_\_



**REFERRALS**

Who referred you? \_\_\_\_\_

His/her Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

How well acquainted are you with the person listed above? \_\_\_\_\_

**REFERENCES**

List four (4) professional and/or character references. **These are not to be relatives.**

1. Name

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List three (3) relatives *not* living with you:

Name

Address

Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**WAIVER:** I hereby give the New Baltimore Fire Department permission to contact and interview whomever they wish.

**INITIALS:** \_\_

**COURT RECORD**

Have you ever been convicted of, pled guilty to, no contest to, or forfeited bail for any crime or violation of Federal, State, or Local Law (do not include Traffic Violations)?  Yes  No

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Felony or Misdemeanor Charge: \_\_\_\_\_ Violation: \_\_\_\_\_

If you answered *yes*, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of possession, use, or distribution of **any** illegal drugs? Or, misuse and/or abuse of a prescription drug?

Yes  No If you answered *yes*, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you have any charges pending against you at this time?  Yes  No If you answered *yes*, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you been or are you now on probation or a deferred sentence?  Yes  No If you answered *yes*, please explain:

\_\_\_\_\_

\_\_\_\_\_

**WAIVER:** I hereby give the New Baltimore Fire Department access to any court records they deem necessary.

**INITIALS:** \_\_\_\_\_

**MOTOR VEHICLE RECORD: Please provide a photocopy of driver's license and certified motor vehicle report.**

Are you a licensed automobile operator?  Yes  No

State: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make, model, and year of your vehicle: \_\_\_\_\_

Tag: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How many accidents have you had since you have been driving? \_\_\_\_\_

Have you ever been convicted, pled guilty, or no contest for Driving Under the Influence, Reckless Driving, Careless Driving, Leaving the Scene of an Accident, Failure to Report an Accident, Disregarding the Command of a Police Officer? Have you ever forfeited bail for any of these offenses?  Yes  No

If you answered *yes*, please explain: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Charge/Violation: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Charge/Violation: \_\_\_\_\_ Disposition: \_\_\_\_\_

List **all** motor vehicle violations in the past three (3) years, except parking. Final Dispositions include – found guilty, not guilty, pled guilty, voluntary assessment, no contest, or other.

USE BACK OF THIS PAGE IF NECESSARY

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Charge/Violation: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Charge/Violation: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Add any moving violations after submittal, notify Human Resources Department immediately.**

**WAIVER:** I hereby give the New Baltimore Fire Department permission to conduct a motor vehicle record check.

**INITIALS:** \_\_\_\_\_

**MILITARY SERVICE**

Are you registered for Selective Services?

Yes  No

City/State: \_\_\_\_\_ Current Classification: \_\_\_\_\_

If classified as Registrant Qualified for military service only in time of war, or national emergency, or 4-F Registrant not qualified for any military service, furnish reasons.

\_\_\_\_\_  
\_\_\_\_\_

Have you received any notice indicating you may be called into the Armed Forces in the near future?  Yes  No

If yes, give approximate date of departure: \_\_\_\_\_

Have you ever been in the United States Armed Forces?  Yes  No

**If you answered *no*, please go to the next page. If yes, please complete the page and provide a copy of DD Form 214, if not on active duty.**

Did you acquire any skills which would help you in the position for which you are applying?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Branch of Service: \_\_\_\_\_ Highest Rank Attended: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Basis of Discharge: \_\_\_\_\_

National Guard: Present \_\_\_\_\_ Former: \_\_\_\_\_ None: \_\_\_\_\_

If you attend drills, meetings, or camps, give name of unit and location.

\_\_\_\_\_

Member of Reserve?  Yes  No Branch: \_\_\_\_\_ Ready: \_\_\_\_\_ Standby: \_\_\_\_\_

**WAIVER:** I hereby give the New Baltimore Fire Department permission to check on my military record.

**INITIALS:** \_\_\_\_\_

**MISCELLANEOUS**

Have you ever applied before to the New Baltimore Fire Department?  Yes  No  
If yes, give date(s) and reason for rejection? \_\_\_\_\_

Have you ever worked for the New Baltimore Fire Department?  Yes  No  
If yes, give dates, position, reason for leaving. \_\_\_\_\_

Have you ever been a member of any other fire agency?  Yes  No  
If yes, give dates and agency. \_\_\_\_\_

Do you have an application in at any other agency/company?  Yes  No  
If yes, explain and give preference. \_\_\_\_\_

Explain your reasons for wanting to become a firefighter. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why have you selected the New Baltimore Fire Department? \_\_\_\_\_  
\_\_\_\_\_

Do you intend to make this work your career?  
If offered, would you attend college level fire courses?

Have you ever been dismissed from school for scholastic or disciplinary reasons?  
If yes, explain. \_\_\_\_\_

List awards, honors, citations, positions held in school, or any other recognition received. \_\_\_\_\_  
\_\_\_\_\_

List special abilities, interests, sports, hobbies, and proficiency in each. \_\_\_\_\_  
\_\_\_\_\_

List any foreign languages spoken or written and include your proficiency. \_\_\_\_\_

**INITIALS:** \_\_\_\_\_

NEW BALTIMORE FIRE DEPARTMENT  
NEW BALTIMORE, MI



# PHYSICAL AGILITY TEST RELEASE FORM

**THIS FORM MUST BE SIGNED AND NOTARIZED PRIOR TO REGISTRATION FOR THE NEW BALTIMORE, FIRE DEPARTMENT PHYSICAL ABILITY EXAMINATION.**

I, \_\_\_\_\_,

hereby release the City of New Baltimore, New Baltimore Fire Department, its agents and employees from any liability for any injury I may suffer in the process of assessing my physical fitness for the purpose of obtaining employment with the New Baltimore Fire Department. I understand that the job for which I have applied is physically demanding; I understand that this fitness examination is physically demanding. My participation in the physical fitness assessment is for my benefit in furtherance of my application for employment with the City of New Baltimore. I understand that if I leave the examination prior to completion I will fail the examination. I understand that I am not an employee of the City of New Baltimore within the meaning of the Michigan Workers' Compensation Act at the time I take the physical fitness examination. I further understand that taking this physical fitness examination will not ensure my employment with the New Baltimore Fire Department. I understand that I risk injuring myself or aggravating pre-existing conditions in the process of undergoing this physical fitness assessment. Understanding the risks involved, I waive any claim I may have against the New Baltimore Fire Department, its agents and employees for any injury or aggravation of a pre-existing condition that I may suffer as a result of my participation in the physical fitness assessment in furtherance of my application for employment with the City of New Baltimore Fire Department.

SIGNED: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by  
\_\_\_\_\_ WITNESS my hand and official seal.

# City of New Baltimore

New Baltimore, Michigan



## New Baltimore Fire Department Recruitment Process

### Physical Agility Test

The City of New Baltimore Fire Department is currently accepting applications for the Fire position of Firefighter. The Physical Agility Test consists of six evolutions that must be completed within a time that will be determined prior to testing. The test is continuous and will be conducted in the order and fashion described below. The stations are designed to test the physical strength, endurance, and disposition of fire applicants. All evaluations will be conducted wearing an air mask cylinder, gloves and head protection.

**Stair Climb** – The stair climb is intended to test the candidate's stamina and aerobic ability. Firefighters must be able to ascend/descend stairs in a timely manner and be capable of performing necessary tasks when they arrive at their destination. Candidates will be required to ascend/descend four floors while wearing an SCBA. Candidates will then walk to where the remaining five evolutions are staged.

**Mannequin Drag** – Firefighters must be able to remove an unconscious or injured victim from a hazardous environment. This could also include an injured firefighter. The Mannequin Drag is used to test the candidate's strength, coordination and aerobic ability. Candidates will drag a mannequin 100 feet.

**High Rise Pack** – A high-rise pack is used to carry firefighting hose and fittings to a floor or location that is remote from the fire apparatus. The hose carried in the high-rise pack is connected to hose connections in the building allowing firefighters to apply water to locations that are impractical or impossible to reach using fire hose alone. Candidate will carry a high-rise pack through the obstacle course around a traffic cone, back through the obstacles and return to the starting point.

**Hose Platform** – The candidate's upper body strength is tested by placing rolled sections of fire hose onto a platform, then returning the hose to the starting point. This evolution simulates the weight and bulk of fire hose and other equipment that firefighters handle daily. Candidates will pick up four (4) sections of rolled fire hose, one section at a time, and place them on a shelf four (4) feet high. The candidate will then return each section to the floor of the designated location.

**Sledge Hammer** – The sledgehammer evolution tests the candidate's stamina and coordination. Firefighters use many tools that require them to swing to strike an object. An axe or striking tool is used for forcible entry or to ventilate smoke from buildings. The candidate will repeatedly strike a rolled section of fire hose with a sledgehammer causing it to move 20 feet.

**Hose Pull** – The hose pull station tests the candidate's upper body strength and stamina. Pulling hoses of varying sizes and lengths is a skill used daily as firefighters. The candidate will be required to hoist a 100-foot section of 3-inch hose attached to a rope onto an elevated level.

NEW BALTIMORE FIRE DEPARTMENT  
NEW BALTIMORE, MI



# PHYSICIAN AUTHORIZATION FORM

Applicant Name: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Examined by Physician: \_\_\_\_\_

Purpose of Evolution: **Applicant for New Baltimore Fire Department**

I have reviewed medical information and conducted a physical examination of the aforementioned applicant and I am rendering the following professional opinion.

I have determined that the above applicant is in proper physical condition to engage in ALL of the physical exercises of the New Baltimore Fire Department Fitness/Agility Assessment. (Additional comments to be attached to this form.)

Physician's Signature \_\_\_\_\_

Physician's Full Name (PRINT) \_\_\_\_\_

Physician's Medical Degree \_\_\_\_\_

Physician's Specialty \_\_\_\_\_ State of License \_\_\_\_\_

Physician's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Completion of this Form \_\_\_\_\_



**NEW BALTIMORE FIRE DEPARTMENT  
NEW BALTIMORE, MI**



Use this page for any additional information you want to include with this application.

## AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

The City of New Baltimore requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resumé. Please read this statement carefully.

In consideration for employment and internships, all applicants must consent to and authorize a pre-employment verification of background information. Consideration for employment is contingent upon the results of this reference and background investigation, which may include verifications of education and/or employment history; credit history; motor vehicle records; a review of local, county, state, and federal government agencies and public court records; personal references; and/or other information as deemed necessary to fulfill the job requirements.

This Authorization and Consent for Release of Information gives my permission to the City of New Baltimore and its designated agent(s), to the full extent permitted by law, to conduct a reference and background investigation. The City will utilize the results of this process to determine eligibility for employment under the City's employment policies. All information will be proprietary and kept as confidential as practicable. The information obtained by the City will not be provided to any parties other than the City.

I, the undersigned, do hereby certify that the information provided by me in my application for employment, resumé, or in verbal discussion relating to my consideration for employment or an internship is true and complete to the best of my knowledge, and understand that omissions and misstatements may be cause for rejection of this application, removal of my name from eligible list, or discharge from City employment. I hereby authorize the City of New Baltimore or its designated agent to: (1) investigate the truthfulness of all my statements made on my application or resumé or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal and motor vehicle records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of the City involved in the hiring process. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

Further, I authorize the procurement of any other information which relates to my background, character, and personal reputation which may be deemed relevant to my employment in accordance with state and federal laws.

I have read and understand this Authorization and Consent for Release of Information form. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, law enforcement or criminal records agencies, and other agencies to release information about me to the City or its designated agent and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further agree to indemnify, discharge, and forever hold harmless the City of New Baltimore, its associates/ employees, its designated agent, its directors, officers, or employees, to the full extent permitted by law, from any and all damages, claims, losses, liabilities, costs, and expenses (including but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against the City of New Baltimore, related directly or indirectly to the disclosure of any such information or so such investigation. I understand that my employment is conditioned upon a suitable background investigation.

---

SIGNATURE OF APPLICANT    DATE

## **EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT**

### **Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

### **Military Family Leave Entitlements**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active-duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

### **Benefits and Protections**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### **Eligibility Requirements**

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

### **Substitution of Paid Leave for Unpaid Leave**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

### **Employee Responsibilities**

Employees must provide 30 days' advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**For additional information:** 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627 [WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)