Leave may be limited where it would impose undue hardship on AH. Employees are eligible if the employee is:

- A victim of domestic violence, harassment, sexual assault, or stalking.
- Taking leave for an eligible purpose.

Employee is expected to notify supervisor, as soon as employee is aware of the dates the employee will be taking leave, so arrangements can be made for work coverage during employee’s absence.

AH may require employee to provide certification that the employee or employee’s child is a victim of domestic violence, harassment, sexual assault, or stalking, as well as certification that leave is being taken for one or more of the purposes listed above. Any information provided to AH regarding domestic violence, harassment, sexual assault, or stalking leave will be kept confidential.

This time off is unpaid; however, you can choose to use Paid Time Off, Sick Time or Extended Illness Time, per AH’s Time Off policies.

**Oregon Workplace Religious Freedom Act Policy**

Adventist Health (AH) does not discriminate against any applicant or employee in hiring or in employment terms, conditions, and privileges based on religion.

AH will reasonably accommodate requests based on an employee’s sincerely held religious practices or beliefs, except where that request constitutes an undue hardship. Employees requiring religious accommodation should present requests for accommodation to the Human Performance department as soon as possible.

Employees may use Paid Leave Time or other available leave for religious observances or practices so long as the use of leave will not impose an undue hardship on AH. AH’s policies do not restrict on an employee’s ability to wear religious clothing, take time off for a holy day, or take time off for other sincerely held religious practices or beliefs unless:

- The accommodation would impose an undue hardship.
- The activities would have more than a temporary or tangential impact on your ability to perform the essential functions of your job.

**Leave of Absence Policy – Medical (California)**

Adventist Health (AH) provides various medical leaves of absences pursuant to state and federal law, including, but not limited to, family and medical leaves in accordance with the federal Family and Medical Leave Act (FMLA) (see: FMLA Policy) and the California Family Rights Act (CFRA). When an employee’s absence qualifies under both state and federal laws, or AH Policy, the employee will use his or her entitlement under each law at the same time, to the extent permitted by law. When one law provides a greater benefit, the employee will receive the greater benefit.

The policies discussed here and specific to California and may not cover all leaves governed by other federal or state laws, and should be read in conjunction with AH’s other leave policies.
California Family Rights Act (CFRA) Leave

Eligibility for CFRA Leave
An employee is eligible for CFRA leave if, as of the time that the request is made, the employee:

- Has been employed for at least twelve (12) months;
- Has worked a minimum of 1,250 hours during the twelve (12) month period before leave is requested; and
- Is located at a worksite with fifty (50) or more employees within a seventy-five (75) mile radius.

Purpose of CFRA Leave
Unpaid leave may be taken for any one or more of the following reasons:

- Serious health condition of the employee;
- Serious health condition of a child*, spouse, parent, child of a spouse, or registered domestic partner;
- Birth of a child and care for the child;
- Placement of a child with the employee for adoption or foster care;
- Care for a covered service member or veteran** during rehabilitation if the family member is a child, spouse or registered domestic partner, child of spouse or registered domestic partner, or parent.

*A “child” must be under eighteen (18) years of age, or eighteen (18) years of age or older and incapable of self-care because of a mental or physical disability.

**A “covered service member or veteran” is a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy. The child may be over the age of eighteen (18). When leave is to care for an injured or ill service member, a covered family member includes next of kin (nearest blood relative) of the employee.

A “serious health condition” is an illness, injury, impairment or physical or mental condition which involves any of the following:

- Inpatient care in a hospital, hospice, or residential medical care facility; or
- Continuing treatment by a healthcare provider for a period of incapacity for more than three (3) consecutive calendar days, two (2) treatments within thirty (30) days after first day of incapacity, or one (1) treatment within seven (7) days after the first day of incapacity.

**NOTE:** Pregnancy disability is NOT a “serious health condition” under the CFRA, but it is under the FMLA. (See: FMLA Policy, California Pregnancy Disability Leave Policy)

A minor illness such as the common cold or the flu, without complications, does not meet the definition of a serious health condition.
For each instance of leave, you are required to contact the AH Leave Management Department (Leave Management) at to apply for leave and to determine eligibility. For more information, call 1-844-289-8618 or go to: https://www.adventisthealth.org/pages/employees/leave-management.aspx

**Length of CFRA Leave**

Eligible employees may take a total of twelve (12) weeks of unpaid leave during a “rolling” twelve (12) month period or twenty-six (26) weeks of unpaid leave during a single twelve (12) month period to care for an injured or ill service member. Calculation of this “rolling” period is measured backward from the date an employee uses any Family or Medical Leave. For example, if an employee has taken eight (8) workweeks of leave during the past twelve (12) months, an additional four (4) weeks of leave could be taken. Leave to care for an injured or ill service member when combined with other CFRA-qualifying leave may not exceed twenty (26) weeks in a single twelve (12) month period and is calculated from the date the leave begins. Part-time employees will be eligible for a prorated amount based on his/her actual workweek. For example, if the part-time employee works a thirty (30) hour workweek, he/she would be eligible for twelve (12) thirty (30) hour workweeks of unpaid CFRA leave.

Leave for the birth or placement of a child must be taken within twelve (12) months of the birth or placement of the child and must be taken in segments of at least two (2) weeks duration, except on two (2) occasions the employee may take such leave for less than a two (2) week duration.

**Intermittent CFRA Leave**

Leave taken to attend to your, or your family member’s, serious health condition may be taken in one (1) twelve (12)-week segment or twenty-six (26) week segment, if to care for a service member, or it may be taken on an intermittent or reduced leave schedule if medically necessary. You may take bonding leave in separate two (2) week blocks within one (1) year of the birth of your child. You must make a reasonable effort to schedule your leave so as not to unduly disrupt the operations of AH. You must also give thirty (30) days’ notice of your intent to take leave, if practicable.

An intermittent leave is when you are not totally disabled, rather you (or a “family member”) have a serious health condition that requires intermittent time away from work. When taking “intermittent” leave time, you and your physician will be required to complete the same leave of absence paperwork as a full leave of absence.

Also, for each intermittent absence, you will be required to contact Leave Management. Reporting your absence to Leave Management does not replace the need to notify your department of your absence prior to the start of your shift.

If you choose to take foreseeable intermittent or reduced leave, AH may require you to transfer temporarily to another post on or schedule (shift) for which you are qualified, and which would provide equivalent pay and benefits and a better accommodation for your recurring periods of leave.
CRFA Leave – Both Spouses Employed by AH

Spouses who are both employed by AH and eligible for CFRA leave may be limited to a:

- Combined total of twelve (12) weeks of leave during the twelve (12) month period if leave is requested:
  - For the birth of a child and to care for such a child;
  - For the placement of a child with the employee for adoption or foster care and to care for the newly placed child; or
  - To care for an employee’s parent with a serious health condition.
- Combined total of twenty-six (26) weeks in a single twelve (12) month period if the leave is either for:
  - Military caregiver leave; or
  - A combination of military caregiver leave and leave for other CFRA-qualifying reasons.

Notice of CFRA Leave

If your need for CFRA leave is foreseeable, AH requests you give thirty (30) days’ written notice of your intent to take leave. If this is not possible and your need to take leave is unforeseeable, you must report your leave to Leave Management within seven (7) calendar days for continuous leaves and within three (3) calendar days for intermittent absences. Failure to give timely notice may affect your ability to take leave as required.

Additionally, if you are planning a medical treatment or a series of treatments or you are taking military caregiver leave, you must consult with AH first regarding the dates of such treatment to work out a schedule that best suits the needs of both the employee or the covered military member, if applicable, and AH.

For each instance of leave, you are required to contact the AH Leave Management Department (Leave Management) at to apply for leave and to determine eligibility. For more information, call 1-844-289-8618 or go to: https://www.adventisthealth.org/pages/employees/leave-management.aspx

Certification of CFRA Leave

An employee, who requests leave to care for his or her own serious health condition, the serious health condition of a family member, or to care for an injured or ill service member, must provide a certification by a healthcare provider that justifies the leave.

This certification must be provided within fifteen (15) days of the request for leave, unless it is not practical to do so. Failure to provide the required certification on time may affect the employee’s ability to take leave as requested, or may affect the status of the leave as protected under CFRA and other laws.

AH requires an employee on family or medical leave to check in periodically with management about his or her status and intent to return to work. A check in schedule should be arranged between the employee and management before leave is taken to include contact at least every thirty (30) days.
AH also may require a second opinion as to the employee’s serious health condition at its own expense. This opinion shall not be given by a medical professional regularly used by AH. In the event of a conflict between the two opinions, AH may, at its own expense, require a third opinion from a medical professional jointly designated by AH and the employee. The determination by the third medical professional, as to the need for the leave, shall be binding.

Finally, an employee returning from a leave of absence of six (6) consecutive business days or more, taken for his or her own serious health condition, will be required to provide certification from his or her healthcare provider that he or she is able to resume work. A fitness for duty/doctor’s release is required prior to returning to work. If a release note is not received, it will be considered job abandonment, and you will be terminated. You may not return to work until a release note is received.

Pay During CFRA Leave

While an employee does not receive regular salary during a leave, if you take a leave of absence for your own serious health condition and you have accrued Sick Time and/or Extended Illness Time, you must apply those hours to the leave period.

“Coordination of benefits” is a process in which you are being paid a reduced wage benefit from disability insurance (whether state or voluntary disability) and you supplement the remainder of your base weekly wage through use of your accrued Sick Time and/or Extended Illness Time. Use of accrued Sick Time and/or Extended Illness Time will be coordinated with any disability or paid family leave benefits (whether through state or voluntary benefits) you receive. Employees should keep in mind that you will need to apply for disability or paid family leave benefits when your leave begins.

If you take leave for the birth or placement of a child, or for a qualifying exigency arising out of a covered family member’s active duty, the employee may elect, but is not required, to use any accrued Paid Time Off until such leave is exhausted in accordance with AH’s Paid Time Off Policy.

The substitution of any Paid Time Off, Sick Time and/or Extended Illness Time, or Paid Family Leave (see: California Paid Family Leave Policy below), for unpaid CFRA leave time does not extend the twelve (12) or twenty-six (26) weeks (whichever is applicable) of the CFRA leave period. The remainder of the leave period will be unpaid. In no case can the substitution of paid time off for unpaid leave time result in your receipt of more than 100% of your salary.

Benefits During CFRA Leave

You will remain covered by AH’s healthcare benefits (medical, dental, vision, etc.) while on CFRA leave under the same terms and conditions as existed before the leave or that exist under any plan-wide change to those benefits. You will still be required to pay any associated costs you incurred while you were an active employee (monthly contributions, voluntary plans, etc.). AH will continue payments for employer paid plans, as plans allow. For more information see the Summary Plan Description (SPD) booklet.

You do not lose any benefits (Paid Time Off, vesting, etc.) which accrued prior to your first day of leave. However, your leave period will not entitle you to any greater rights that would have been earned had you remained in the workplace.
Return to Work from CFRA Leave

Please refer to AH’s Leave of Absence – Return to Work Policy.

California Alcohol or Drug Rehabilitation Leave

An employee who wishes to voluntarily enter and participate in an alcohol or drug rehabilitation program shall be reasonably accommodated, provided it does not impose an undue hardship on AH.

This time off is unpaid; however, you can choose to use Paid Time Off or Extended Illness Time per AH’s Time Off policies.

California Kin Care

Kin Care is a right granted to eligible employees under the California Labor Code. Kin Care authorizes employees to use up to one-half (½) of the Sick Time that they accrue annually, to take time off to care for a sick family member. Employees do not receive additional sick time under Kin Care.

California Kin Care - Eligible Employees

Employees who accrue sick time are eligible for Kin Care.

An employee must have sick time available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted their sick time and then is absent to care for a sick family member cannot claim that absence under Kin Care.

A formal leave of absence typically does not need to be submitted unless the employee will be absent for more than 3 continuous work days. Typically, an employee taking Kin Care does not need to submit a doctor’s note (or medical certification).

California Kin Care - Use

No more than one-half of an employee’s annual accrued sick time benefits can be counted as Kin Care.

Absences covered under Kin Care cannot be the basis for corrective action for violating an Attendance Policy/Rule and cannot be considered in performance evaluations.

California Kin Care - Covered Conditions

An eligible employee may take Kin Care to care for an ill family member. For purposes of Kin Care, an “illness” should be read broadly to encompass minor illnesses, a cold, the flu and of course serious health conditions. This is different than Family and Medical Leave (”FMLA”), which is limited to serious, chronic health conditions.

When employees take sick time to care for a family member with a serious or chronic health condition, the absence may qualify under both FMLA and Kin Care. In such cases, supervisors need to notify employees that such absences fall under both Kin Care and FMLA and will be deducted from the employee’s annual entitlement for both Kin Care and FMLA.
**California Kin Care - Covered Family Members**

Kin care can be used to care for a sick family member. Qualifying “family members” for coverage under Kin Care include the following:

- Spouse or registered domestic partner of an employee;
- Child of an Employee; The term “child” includes biological, adopted, foster child, stepchild, legal ward, child of a domestic partner, or a child in loco parentis of the employee. (Note: A “child” is not required to be a minor (under 18 years of age) to be covered under Kin Care.)
- Parent of an Employee; The term “parent” includes biological, foster or adoptive parent, a stepparent or a legal guardian. (Note: Mothers-in-law, fathers-in-law, and grandparents are not considered “parents” for purposes of Kin Care.)

**California Organ and Bone Marrow Donor Leave**

California employees who have been employed at least ninety (90) days are entitled to a paid leave of absence not exceeding thirty (30) business days in any one (1) year period for the purpose of donating an organ to another person and a paid leave of absence not exceeding five (5) business days in any one-year period for the purpose of donating bone marrow to another person. Time on Organ or Bone Marrow Donor Leave is not a break in an employee's continuous service for purposes of a right to salary adjustment, paid leave, annual leave, or seniority, and the employee will be returned to the same position held.

Employees must provide AH with written medical certification that they are organ or bone marrow donors and that there is a medical necessity for the donation. AH requires employees use five (5) days of their Paid Time Off, Sick Time and/or Extended Illness Time when taking bone marrow leave and two (2) weeks when taking organ donor leave. This leave does not run concurrently with FMLA or CFRA leave.

**California Paid Family Leave (PFL)**

California law provides for up to six (6) weeks of PFL partial wage replacement benefits from the State Disability Fund for wage loss of employees who take time off work to care for a seriously ill child, spouse, parent, registered domestic partner, grandparent, grandchild, sibling, or parent-in-law, or to bond with a new child. PFL applies whether or not the employee qualifies for FMLA/CFRA leave.

Any such leave must be supported by a doctor’s certification establishing a serious health condition of the employee's family member or registered domestic partner that warrants care by the employee. AH requires employees use their Paid Leave Time Sick Time and/or Extended Illness Time during the otherwise unpaid portion of PFL. Employees may choose to use Paid Time Off per AH’s Time Off policies.

**California Pregnancy Disability Leave Law (PDLL)**

An employee’s disability due to pregnancy, childbirth, or other medical conditions related to pregnancy is not considered a “serious health condition” under the CFRA. However, a California employee who is disabled due to pregnancy, childbirth, or related medical conditions may take a pregnancy-related leave for the period of actual disability up to four (4) months, in addition to any
medical leave to which the employee may be entitled. For employees who qualify for FMLA leave, all leave taken under the PDLL will run concurrently with any FMLA leave available to the employee. Once an employee has exhausted her PDLL/FMLA leave, she may be entitled to leave under CFRA.

Employees should use the procedures in AH’s Family Medical Leave Act/California Family Rights Act Policies to take PDLL leave. You may coordinate benefits as set forth in AH’s California Family Rights Act and Paid Time Off guidelines. For more information, call 1-844-289-8618 or go to: https://www.adventisthealth.org/pages/employees/leave-management.aspx

Leave of Absence Policy – Medical (Hawaii)

Adventist Health (AH) provides various medical leaves of absences pursuant to state and federal law, including, but not limited to, family and medical leaves in accordance with the federal Family and Medical Leave Act (FMLA) (see: FMLA Policy) and the Hawaii Family Leave Law (HFLL). When an employee’s absence qualifies under state and federal laws, or AH Policy, the employee will use his or her entitlement under each law at the same time, to the extent permitted by law. When one law provides a greater benefit, the employee will receive the greater benefit. In most circumstances, if an employee qualifies for both HFLL and FMLA leave, HFLL leave runs concurrently with FMLA, with an employee generally entitled to a total of 12 weeks of protected leave.

The policies discussed here are specific to Hawaii and may not cover all leaves governed by other federal or state laws, and should be read in conjunction with AH’s other leave policies.

Hawaii Family Leave Law (HFLL)

Under HFLL, if employee has completed six (6) consecutive months of service with AH, the employee is eligible to take up to four (4) weeks of family leave per any calendar year. Leave for birth of a child must be taken within twelve (12) months after the child’s birth. Family leave may be taken for the following reasons:

- Birth or adoption of a child;
- Serious health condition of a family member;
- Care for the employee’s: child, spouse (including partners to a civil union), sibling, reciprocal beneficiary, or parent.

Child, for purposes of this Policy, means your biological, adopted, foster, or stepchild or your legal ward.

Parent, for the purposes of this Policy, means your biological, foster, adoptive, or step-parent, parent-in-law, legal guardian, grandparents, or grandparent-in-law.

Notice of HFLL Leave

An employee wishing to take leave under HFLL and such leave is foreseeable, you must give AH at least thirty (30) days’ written notice before the date family leave is expected to begin. If employee’s leave is foreseeable but giving thirty (30) days’ notice is not practicable, the employee must provide AH with at least a verbal notification within two (2) business days before employee’s family leave begins, as well as written notice as soon as practicable.
If employee’s leave is not foreseeable, the employee must provide AH with at least a verbal notification within two (2) business days of learning of the need for family leave, or as soon as practicable. In addition, employees must submit a subsequent written notice, to confirm the verbal notice, as soon as practicable.

If known, employee must provide notice to AH of:

- General reason for the request for HFLL leave.
- Anticipated start of family leave.
- Anticipated duration of family leave.

AH may request further information to make a determination as to whether written certification will be needed to support the approval of employee’s request for family leave.

Failure to give notice of employee’s need for HFLL leave without a reasonable excuse may be grounds for delay in taking family leave until employee is able to provide proper notice, or until at least thirty (30) days after the date employee first notifies AH of employee’s need for family leave.

For each instance of leave, you are required to contact the AH Leave Management Department (Leave Management) at to apply for leave and to determine eligibility. For more information, call 844-289-8618 or go to: https://www.adventisthealth.org/pages/employees/leave-management.aspx

**Certification of HFLL Leave**

If employee wishes to take HFLL leave, AH may, at its discretion, require employee to provide appropriate written certification as follows:

- For the birth of a child, a written statement issued by a healthcare provider or the family court is acceptable;
- For the placement of a child for adoption with employee, the petition employee filed with the court or a written statement issued by a recognized adoption agency, the attorney handling the adoption, or by the individual officially designated by the birth parent to select and approve the adoptive family is acceptable;
- For the serious health condition of employee’s child, spouse, reciprocal beneficiary, or parent, a written statement by a healthcare provider is required. The written certification must provide the information requested in the Hawaii Family Leave Certification of Serious Health Conditions form provided by the State of Hawaii, Department of Labor and Industrial Relations, including:
  - The patient’s name and relationship to employee;
  - The healthcare provider’s name, title, type of practice or field of specialization, location and signature;
  - A statement that the patient’s condition qualifies for family leave as a serious health condition as defined under the HFLL;
  - A statement that the employee is needed to participate in the care of the patient;
  - A statement that the patient’s condition requires hospitalization, or the healthcare provider’s continuing treatment or continuing supervision;
  - The approximate date the serious health condition commenced, and the
probable duration that the employee will be needed to care for the patient with a serious health condition; and
  - Whether it will be necessary for employee to take leave intermittently; and if so, the estimated period of time the employee will be needed to care for the patient with a serious health condition.

If AH requires employee to furnish appropriate written certification, the appropriate certification must be provided to AH before the family leave begins for foreseeable leave. If the requested leave is unforeseeable, then employee must provide written certification no later than two (2) business days after the family leave begins. Failure to provide written certification or AH’s usual notice and certification requirements in a timely manner may result in delay or denial of leave. It may also result in the leave being treated as an unexcused absence and employee may be subject to discipline under applicable AH attendance Policy.

**Substitution of Paid Time Off During HFLL Leave**

HFLL leave is unpaid; however, employee may choose to use Paid Time Off and Extended Illness Time, for any part of the unpaid four (4) week HFLL leave period, per AH’s Time Off policies. The substitution and use of paid time for unpaid HFLL leave does not extend employee’s maximum allowable HFLL leave for the calendar year.

**Return to Work from HFLL Leave**

Please refer to AH’s Leave of Absence—Return to Work Policy.

**Hawaii Organ, Bone Marrow, or Peripheral Blood Stem Cell Donation Leave**

Employees who have been employed at least one (1) year are entitled to a paid leave of absence to:
(1) serve as a bone marrow donor or peripheral blood stem cell donor not to exceed seven (7) days each calendar year and/or (2) an organ donor not to exceed thirty (30) days each calendar year.

Leave taken for Organ, Bone Marrow, or Peripheral Blood Stem Cell Donation Leave is not a break in an employee’s service for purposes of a right to salary adjustment, paid leave, annual leave, or seniority, and the employee will be returned to the same position held.

Employees must provide Adventist Health (AH) with written medical certification that they are organ or bone marrow donors and there is a medical necessity for the donation. AH requires that employees use three (3) days of their Paid Time Off, and/or Extended Illness Time when taking bone marrow leave and two (2) weeks when taking organ donor leave. This leave does not run concurrently with FMLA leave.

**Hawaii Pregnancy Disability Leave**

Female employees with a disability due to and resulting from pregnancy, childbirth, or related medical conditions, are eligible to take an unpaid leave of absence for a reasonable period of time. Reasonable period of time shall be determined by the employee’s physician considering the employee’s physical condition and job requirements.

Before the unpaid leave begins, employee must submit a physician’s certificate estimating the length of the leave and the estimated commencement and termination dates of the leave. On timely return to work, employee will be reinstated to employee’s original job, or to position of