

MEMORANDUM OF UNDERSTANDING
PBA
FMLA LEAVE FOR CONDITIONS RELATING TO PREGNANCY

MEMORANDUM OF UNDERSTANDING (MOU) made this 28th day of May 2025, by and between the NASSAU COUNTY POLICE DEPARTMENT, having its principal place of business at 1490 Franklin Avenue, Mineola, New York (hereinafter DEPARTMENT), and the POLICE BENEVOLENT ASSOCIATION, POLICE DEPARTMENT, COUNTY OF NASSAU, INC., an employee organization having its principal place of business at 88 Sunnyside Avenue, Plainview, New York (hereinafter "PBA").

WITNESSETH:

WHEREAS, the DEPARTMENT'S policy and procedure with regard to Family Medical Leaves of Absence for conditions relating to pregnancy is contained in the Department Rules at Article 7, Rule 4, Family and Medical Leave of Absence, in accordance with the Family Medical Leave Act (26 U.S.C. 2601 et seq.; hereinafter FMLA) and the Nassau County Family Medical Leave Policy/Procedure HR-02 (hereinafter HR-02); and

WHEREAS, there has been some confusion with regard to the Family Medical Leaves of Absence for conditions relating to pregnancy procedure; and

WHEREAS, DEPARTMENT and PBA, on behalf of the Nassau County Association of Women Police, are desirous of clarifying the Family Medical Leaves of Absence for conditions relating to pregnancy and topics related thereto.

NOW THEREFORE, the parties agree to clarify the DEPARTMENT'S Family Medical Leaves of Absence for conditions relating to pregnancy as follows:

1. Members are entitled up to twelve (12) weeks FMLA Leave during a twelve (12) month period, to run concurrently with their leave accruals, for "qualifying leave," which includes the following conditions relating to pregnancy:
 - Incapacity due to pregnancy
 - Prenatal care
 - Birth of a newborn child
 - Serious health condition following birth
 - Care of a newborn child
2. Members requesting FMLA Leave for conditions relating to pregnancy are required to provide the DEPARTMENT with at least thirty (30) days written notice (except in unforeseeable or impracticable circumstances) before the requested leave period is to begin (e.g., 30 days before the due date). Members shall prepare County Form 3, Leave Request Form (HR-02 at page 27 and 28; annexed hereto and made part hereof as Exhibit A). Said form shall be submitted directly to the Commanding Officer, Medical Administration Office (MAO) for review and forwarded to the Commissioner of Police for approval.

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3. FMLA Leave for the birth and care of a newborn child must be used within twelve (12) months of the date of birth.
4. The FMLA Leave period shall commence on the date that the qualifying reason renders the member unable to work (see paragraph 1; e.g., leave taken for the birth of a newborn child and any period taken for incapacity due to pregnancy prior to birth).
5. Members utilizing FMLA leave for a condition relating to pregnancy following the birth of a child must provide all documentation in accordance with County Policy/Procedure HR-02 (III F) to MAO by emailing MAOFMLA@pdcn.org within fifteen (15) days of birth. Upon submission of the document(s), the member must schedule an appointment with the Chief Surgeon's Office (CSO) for no later than 12 weeks from the commencement of the FMLA leave period (see paragraph 4). Prior to returning to work following the FMLA leave period, the member must provide CSO with a fitness for duty medical certification (doctor's note) substantiating the serious health condition (e.g., birth of a child) and that the member is able to return to active duty in a full or restricted capacity.
6. Members utilizing FMLA leave for incapacity due to pregnancy, prenatal care, birth of a child, or their own serious health condition following birth are entitled to use sick leave concurrently with FMLA Leave. Sick leave rules related to confinement (see Department Rules Article 7, Rule 6, Subdivision 2) during such leave periods are waived and the Sick Leave Management Program (see Department Rules Article 7, Rule 6, Subdivision 5) is not applicable to such leave periods. Such leave periods and any other leave utilized pursuant to Article 7, Rule 4 of the Department Rules may not be used as a negative factor with regard to Request for Change of Assignment, PDCN form 241 or other employment decisions.
7. Members may request to extend an FMLA leave period for a condition relating to pregnancy beyond twelve (12) weeks by submitting a separate request to the Commanding Officer, MAO, thirty (30) days prior to the end of the initial twelve (12) week period, for review and approval by the Commissioner of Police.
8. A member who believes that their duties may be limited due to pregnancy or a condition relating to pregnancy may request an accommodation through MAO (e.g., Restricted Assignment or to be relieved of a provision of Department Rules Article 5, Rule 15, Personal Appearance, or Article 8, Uniforms and Equipment, etc.). Department will not schedule routine police surgeon visits strictly for Restricted Assignment due to pregnancy unless there is a change in status. Department may schedule police surgeon visits with regard to other restricted duty status. Virtual visits may be utilized unless the police surgeon deems it necessary for an in person visit.

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9. The DEPARTMENT acknowledges that it is in compliance with section 206-c of the New York State Labor Law, Right of Nursing Employees to Express Breast Milk. Upon request of a member who chooses to express breast milk in the workplace, her Commanding Officer shall designate a room or other location which shall be made available for use by the member to express breast milk for up to three (3) years following the child birth in accordance with said law.
10. Members who chose to express breast milk in the workplace may request to be excused from attending firearms training for a period of one (1) year from the date of birth of the child. Such request shall be made in a memorandum directly to the Commanding Officer, MAO, for review and approval. A member may request to extend the excusal beyond one (1) year by submitting a separate request to the Commanding Officer, MAO, thirty (30) days prior to the end of the initial one (1) year period. A member who has a request for an extension approved may be placed on restricted assignment if such extension limits their ability to perform their duties. PBA agrees to waive section 9.23-3 of the Collective Bargaining Agreement requiring employees to be provided with handgun training at least once a year with regard to members requesting this excusal for the respective calendar year(s). Any member who misses firearms training because of restricted assignment due to nursing or pregnancy shall schedule other training in lieu of that range day with their command.
11. This MOU shall not constitute a precedent for the determination of any other matter between the parties and is limited to the unique and particular facts of this matter.
12. This MOU shall not be offered or entered into evidence for any purpose in any administrative, judicial or other proceeding except for the purpose of enforcing the terms set forth herein.
13. This MOU represents the full, final, and complete understanding concerning this matter and supersedes all prior agreements, written or oral, if any, between the parties concerning this matter. Except that this MOU does not supersede any law or statute, including but not limited to the FMLA, nor does it supersede HR-02. No representations other than those set forth have been made. No party shall be deemed the maker of this document.
14. The execution of this MOU shall not constitute the admission of a violation of the parties' CBA or of any federal, state or local statutes, laws, rules or regulations, nor

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shall it constitute an admission of guilt or wrongdoing of any kind by any party.

AGREED TO AND ACCEPTED
ON BEHALF OF NCPD



Patrick J. Ryder
Commissioner of Police

Date: 5/28/25

AGREED TO AND ACCEPTED
ON BEHALF OF PBA



Thomas J. Shevlin
President

Date: 5/28/25



Form # 3

LEAVE REQUEST FORM

EMPLOYEE NAME: _____

DOH: _____

DEPARTMENT: _____

CC: _____

SOCIAL SECURITY #: _____

TYPE OF LEAVE

☐ Family Medical Leave for:☒ The birth of a child or placement of a child with you for adoption or foster care; or☐ A serious health condition that makes you unable to perform the essential functions for your job; or☐ A serious health condition affecting your☐ spouse/domestic partner,☐ child, or☐ parent for which you are needed to provide care☐ Military Family Medical Leave☐ Military Caregiver Leave☐ Qualifying Exigency Leave☐ Child Care (if selecting birth of a child or placement of a child with you for adoption or foster care, this leave must be selected)☐ Donated☐ Military – Active Military Duty Leave☐ Sick Leave Half Pay☐ Suspension☐ Other Paid Leave _____☐ Absent Status☐ Civil Service Leave From Title

Effective Leave Date: _____

Expected Return Date: _____

Employee Signature: _____

Date: _____

Supervisor: ☐ Approved☐ Denied

Signature: _____

Date: _____

Department Head: ☐ Approved☐ Denied

Signature: _____

Date: _____

Human Resources: ☐ Approved☐ Denied

Signature: _____

Date: _____

Reason for Denial: _____

Note: If leave request is denied, please indicate why in the space provided.

Note: If "Family Medical Leave" is selected, you must complete form on the 2nd page.Note: If FMLA Leave is being taken on intermittent basis, the 2nd page must be completed on a bi-weekly basis until leave entitlement is exhausted.

Note: Medical Certification for Illness and/or Birth/Adoption Certificate must accompany application

FMLA LEAVE CALCULATIONS

(1) Units of Days Used for Leave

(2) # of Work Days

(3) Total Units for Leave (1 x 2)

AMOUNT OF PAID LEAVE TO BE CHARGED (Use same units as above)

Sick Leave _____
 Vacation Leave _____
 Personal Leave _____
 Floating Holiday _____
 Blood Day _____
 Non-FLSA Compensatory Leave _____
 Other: _____

(4) TOTAL PAID LEAVE TO BE USED FOR FAMILY LEAVE

UNPAID UNITS OF FAMILY LEAVE – See above: (3) minus (4)

Leave Dates Requested

Enter the leave dates the employee is requesting. Mark all paid leave dates with the appropriate code (see below) and all unpaid leave dates with the code "U".

Sick – S	Vacation – V	Personal – P	Floating – F	Blood Day – B	Comp – C
1 _____		21 _____		41 _____	
2 _____		22 _____		42 _____	
3 _____		23 _____		43 _____	
4 _____		24 _____		44 _____	
5 _____		25 _____		45 _____	
6 _____		26 _____		46 _____	
7 _____		27 _____		47 _____	
8 _____		28 _____		48 _____	
9 _____		29 _____		49 _____	
10 _____		30 _____		50 _____	
11 _____		31 _____		51 _____	
12 _____		32 _____		52 _____	
13 _____		33 _____		53 _____	
14 _____		34 _____		54 _____	
15 _____		35 _____		55 _____	
16 _____		36 _____		56 _____	
17 _____		37 _____		57 _____	
18 _____		38 _____		58 _____	
19 _____		39 _____		59 _____	
20 _____		40 _____		60 _____	

Note: Compensatory days may be used for a leave, but compensatory time earned pursuant to the Fair Labor Standards Act (FLSA) does not run concurrently with FMLA leave. Compensatory days accrued pursuant to the FLSA do not count towards FMLA entitlements.



Certification of Health Care Provider

1) Employees Name: _____

Department: _____

Employee ID number: _____

2) Patient's Name (If different from employee): _____

3) Serious Health Condition.

i) Page 4 describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition qualify under any of the categories described? (Please check the appropriate line below.)

- (a) Inpatient Care _____
- (b) Continuing Treatment _____
- (c) Chronic Condition Requiring Treatment _____
- (d) Permanent/Long-Term Condition Requiring Supervision _____
- (e) Non- Chronic Condition Requiring Multiple Treatments _____
- (f) Pregnancy or Prenatal Care _____
- (g) Treatment for Substance Abuse _____

4) Information about the condition.

i) State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity if different):

ii) What type of leave will the employee need to take:

- (1) Full time leave? _____
- (2) Part time leave? _____
- (3) Intermittent leave? _____

- 5) If the employee is taking intermittent leave or will be working less than a full schedule as a result of the condition (including for treatment described in Item E below)? If yes, give the probable duration of the leave and a statement as to the frequency of the leave and duration of each absence?

- i) If the condition is a **chronic condition** (condition (c)) or **pregnancy**, state whether the patient is presently incapacitated and the likely duration and frequency of **episodes of incapacity**

6) Information About the Treatment.

- i) If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments. If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

- ii) If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

- iii) If a **regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment)

7) Abilities at Work.

- i) If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

- ii) If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?

(a) If yes, please let the essential functions the employee is unable to perform:

- iii) If neither 1 nor 2 applies, is it necessary for the employee to be absent from work for treatment?

8) Care for a Family Member.

- i) If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?

- ii) Would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?

- iii) If the patient will need care only intermittently or on a part-time basis, please indicate the probably duration of this need:

SERIOUS HEALTH CONDITION: A "serious health condition" is defined in 29 CFR 825.114 to 825.117 as an illness, injury, impairment or physical or mental condition that includes any of the following:

- a) **Inpatient Care:** Inpatient care means an overnight stay in a hospital, hospice, or residential medical facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
- b) **Continuing Treatment:** A period of incapacity of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 - i) *Treatment two or more times within 30 days of the first day of incapacity by a health care provider*, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g. physical therapist) under the orders of, or on referral by, a health care provider; or
 - ii) *Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.*
 - iii) The requirement for treatment by a health care provider means an in person visit to a health care provider. The first (or only) in-person treatment visit must take place within seven days of the first day of incapacity.
- c) **Chronic Conditions Requiring Treatments:** A chronic condition which:
 - (i) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider; and
 - (ii) Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - (iii) May cause episodic rather than continuing periods of incapacity (e.g. asthma, diabetes, epilepsy, etc.)
- d) **Permanent/Long-Term Conditions Requiring Supervision:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment from, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- e) **Multiple Treatments (Non-Chronic Conditions):** Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for *restorative surgery* after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention for treatment, such as cancer (*chemotherapy, radiation, etc.*), severe arthritis (*physical therapy*), kidney disease (*dialysis*).
- f) **Pregnancy or Prenatal Care:** The mother is entitled to FMLA leave for incapacity due to pregnancy, for prenatal care, or for her own serious health condition following the birth of a child. The mother is entitled to leave for incapacity due to pregnancy even though she does not receive treatment from a health care provider during the absence, and even if the absence does not last for more than three consecutive calendar days.
- g) **Non- Qualifying Conditions:** Routine physical exams, eye or dental exams, cosmetic treatments, cold, flu and earaches, upset stomach etc. that require only brief treatment and recovery are *not "serious health conditions" unless inpatient hospital care is required or complications develop.*

- h) Treatment for substance abuse may be a serious health condition and is covered only if the conditions of FMLA are met. Leave may only be taken for treatment of substance abuse by a health care provider or by a provider of health care services on referral by a health care provider. Absence due to an employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.

Signature of Health Care Provider

Date

Address of Health Care Provider
(Stamp Accepted)

Address 1

Type of Practice

Address 2

Street

City, Town, Zip Code

Telephone Number



POLICE DEPARTMENT
COUNTY OF NASSAU, NEW YORK

INTERNAL CORRESPONDENCE

DATE: MONTH DATE, 2021 SNCC NO:
TO: Commanding Officer, Personnel and Accounting (Through Official Channels)
FROM: Police Officer NAME, Serial Number NUMBER, Shield Number NUMBER, Second Precinct
SUBJECT: REQUEST FAMILY MEDICAL LEAVE

1. Attached is a request for Family Medical Leave from Police Officer NAME.
2. I have worked more than the minimally required hours during the twelve months preceding the leave.
3. I was hired MONTH DAY YEAR and have NUMBER years of service in the Department.

NAME
Police Officer

ENDORSED	/	DATE
DEPUTY C.O.		
C.O.		
DIV C.O.		
DEPUTY OFFICE CHIEF		
OFFICE CHIEF		

FAMILY AND MEDICAL LEAVE - FMLA

Department Administrative Order 21-021

Members can request to take a leave of absence through the FMLA for the following reasons:

1. For the birth of a child, and to bond with a child within one year of birth.
 2. To bond/take care of an adoptive or foster child, within one year of placement.
 3. To take care of a spouse, child, or a parent (not an in-law) because of a serious health condition.
-
1. Members must write a letter of request to the Commissioner of Police – to be approved by the Commissioner and MAO (Medical Administration Office ext 7410)
 2. Family medical leave requests are up to 12 weeks long, consecutive or to be broken up throughout the year.
 3. Members who take family leave are to use their own time to continue to get paid. After all time is exhausted, members will be put in a No-pay status. Members can only use sick time if it is for their own sickness.
 4. Medical benefits will be maintained during a 12 - week period whether you are using time or in a "No pay" status.
 5. To qualify for FMLA you must have worked for the county for 12 months and worked 1250 hours, any time off you have taken would be deducted from hours worked.

FMLA DOES NOT MEAN – that you are getting 12 weeks off for free and getting paid the whole time. If you want to get paid during your leave – you must use your time.

What FMLA means is that you will not lose your job by taking a leave of absence, that you can take this time without following the rules for taking time off. (vacation %, MOA's etc...)

SUPPLEMENTAL LEAVE / PAY

If a member **runs out of time** for health reasons or personal problems, they can request supplemental leave/pay. Supplemental pay is a member can collect ½ pay. When a member is out on supplemental leave – the members health insurance stays in effect.

Just like FMLA Members must write a letter of request to the Commissioner of Police – to be approved by the Commissioner and MAO (Medical Administration Office ext 7410).