



Wisconsin Labor Standards

Child Labor

Work permits required for all minors

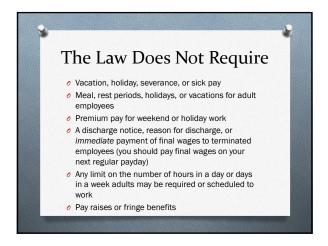
No employees younger than 14

Limits on when and how long minors can work and what they can do

Rules different for 14/15-year-olds and 16/17-year-olds
Rules different for school and non-school days

Rules different for all minors working more than 6 hours

http://dwd.wisconsin.gov/er/



Questions?

• FLSA Reference Guide
http://www.dol.gov/whd/regs/compliance/
wh1282.pdf

• Department of Labor
http://www.dol.gov/whd/flsa/index.htm

• Wisconsin Department of Workforce
Development http://dwd.wisconsin.gov/er/



THE BASICS

Eligible employees can take job-protected, unpaid leave for up to 12 work weeks in any 12 months for:

- Birth of a child and care of the newborn child.
- Placement of a child for adoption or foster care.
- Employee's need to care for a family member with a serious health condition.
- Employee's own serious health condition.

THE BASICS

Not addressing military.

Substitution of paid leave is allowed (required)

May be taken intermittently.

Health benefits remain in place while on leave.

Employee has right to return to same/equivalent position.

Employer has right to advance notice.

PURPOSE OF THE ACT

- -Intended to allow employees to balance work and family life.
- -Predicated on two fundamental concerns:
 - I. Needs of American workforce.
- 2. Development of high-performance organizations.
- -FMLA intended and expected to benefit employers as well as employees.

ELIGIBILITY FOR FMLA (FEDERAL)

Employed for at least 12 months in last 7 years AND

At least 1,250 hours of service during the 12month period immediately preceding commencement of leave.

If employer does not maintain accurate record, employer has the burden of showing the employee has not worked the required hours.

ELIGIBILITY FOR FMLA (WISCONSIN)

Employed at least 52 consecutive weeks.

AND

Worked at least 1,000 hours during the preceding 52 weeks.

MAXIMUM LENGTH OF LEAVE

<u>Federal</u>

Up to 12 weeks of medical and/or qualifying occurrence of FMLA leave in a 12-month period.

State

- 6 weeks for birth or placement for adoption.
- 2 weeks to care for seriously ill child, spouse, domestic partner, parent, parent-in-law, or domestic partner's parent.
- 2 weeks for an employee's own serious health condition.

MAXIMUM LENGTH OF LEAVE

Employers choice of:

- Calendar Year
- Fixed 12-month leave year (such as fiscal year or starting on an anniversary date).
- 12-month period measured forward from employee's first FMLA leave
- Rolling 12-month period measured back from date an employee first uses FMLA.

12-Month Period

- Employer choice and must be consistent and uniform.
- Any changes require 60-day notice.
- If employer does not choose, term will be that which is most beneficial to the employee.

INTERACTION WITH STATE LAW

Nothing in FMLA supersedes a provision of state or local law that provides greater family or medical leave rights.

Employees are not required to designate whether leave is federal or state and employer must comply with both.

Each stands alone, but eligibility runs concurrently.

COVERED EMPLOYER

Public agencies are covered employers without regard to number of employees.

QUALIFYING REASONS FOR LEAVE

Birth of a child and to care for newborn

- Both mother/father entitled for birth/bonding
- Mother for incapacity due to pregnancy, prenatal care, own serious health condition.
- Husband if needed to care for pregnant spouse (serious health condition).
- Mother/father if newborn with serious health condition.
- Intermittent and reduced schedule leave (only if the employer agrees).

QUALIFYING REASONS FOR LEAVE

Placement for adoption or foster care

- May take before actual placement/adoption if required to proceed with the process (ie., counseling, court, attorney consultation, etc.)
- Expires at end of the 12-month period.
- Husband/wife with same employer may be limited to combined total of 12 weeks.
- If adopted or foster child has a serious health condition, husband and wife may each take 12
- Intermittent and reduced schedule allowed (if employer agrees).

QUALIFYING REASONS FOR LEAVE

Care of employee's spouse, son, daughter or parent with a serious health condition.

Serious health condition that makes the employee unable to perform the functions of the employee's job.

SERIOUS HEALTH CONDITION

Illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

Incapacity means inability to work, attend school or perform other regular daily activities.

<u>Treatment</u> includes (but not limited to) examinations, evaluations. Not routine exams.

Cosmetic treatments are not "serious health conditions."

Cold, flu, ear aches, upset stomach, minor ulcers, etc., normally do not meet the definition.

INPATIENT CARE

Means an overnight stay in a hospital, hospice, or residential medical care facility, or any subsequent treatment in connection with such inpatient care.

LEAVE FOR TREATMENT OF SUBSTANCE ABUSE

- May be a serious health condition.
- Only taken for treatment by a health care provider for substance abuse.
- Absence because of substance use does not qualify.
- Treatment for substance abuse does not prevent employer from taking employment action against the abuse.

CONTINUING TREATMENT

Incapacity and treatment

More than 3 consecutive, full calendar days, AND subsequent treatment or incapacity relating to same condition, that also involves:

- -Treatment 2 or more times within 30 days of the first day of incapacity.
- -Treatment by a health care provider on at least one occasion, resulting in a regimen of continuing treatment.
- Must be in-person visit to a health care provider.
- First in-person treatment must be within 7 days of incapacity.

CONDITIONS NEEDING MULTIPLE TREATMENTS

Restorative surgery after accident or injury.

Conditions that would likely result in periods of incapacity of more than 3 full days in absence of treatment.

Absences attributed to incapacity qualify for FMLA.

CHRONIC CONDITIONS

Any period of incapacity for treatment

- Requires periodic visits (twice a year or more)
- Continues over a period of time.
- May cause episodic rather than continuing period of incapacity.

REQUIRED POSTING

Provisions of Act posted where prominent and easy to read.

General notice to each employee (handbook).

DO NOT BUY THE POSTERS.

NOTICE OF ELIGIBILITY

5 business days from when employee requests leave or employer knowledge.

Must state whether employee is eligible and if not, why not.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Provides specific expectations and obligations of employee.

Provide at same time as the eligibility notice. Includes

- Employee needs to furnish certificate.
- Whether employee can substitute paid leave (required).
- Premium payments.
- Right to restore to same or equivalent job.
- Requirement for status reports.
- Intent to return to work.

CERTIFICATION

Can require written support by health care provider.

Employee needs to provide within 16 calendar days.

Employee needs to provide complete and sufficient information.

New certification can be required in each subsequent year.

CONTENT OF MEDICAL CERTIFICATION

- Name, address, phone, fax of health care provider
- Date of occurrence, possible duration.
- Statement of facts.
- Establish that employee cannot perform essential duties.
- Other work restrictions.
- Employees response to provide complete and sufficient information.

INTERMITTENT OR REDUCED LEAVE

Scheduling of Intermittent or reduced leave (825.203)

Increments of Intermittent or reduced leave (825.205)

SUBSTITUTION OF PAID LEAVE

Generally unpaid.

FMLA permits substitution

Employer can require paid leave to be used before unpaid.

FAILURE TO PROVIDE CERTIFICATION

Foreseeable leave

Employer may deny FMLA coverage until required certification is provided.

Unforeseeable leave

Employer may deny FMLA coverage for requested leave if not provided within 15 calendar days from receipt of the request (unless extenuating circumstances).

FITNESS-FOR-DUTY CERTIFICATION

Employer may require.

Cost, if any, borne by the employee.

Can only be required for the serious health condition for which FMLA leave was

Cannot be required for each absence taken on an intermittent or reduced leave schedule

RECORDKEEPING REQUIREMENTS

- Basic payroll and identifying employee data (name, address, occupation, rate of pay, etc.)
- Dates FMLA leave is taken. Must be designated as FMLA leave.
- If taken in increments the hours of the leave
- Copies of employee notices provided.
- Documents describing employee benefits or policies and practices regarding the taking of paid and unpaid leave.

MAINTENANCE OF EMPLOYEE BENEFITS

Employer must maintain group health coverage as if employee continuously employed.

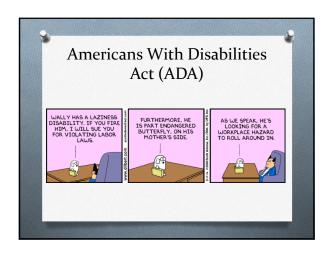
Same group health plan provided (i.e., family). If a new health plan takes effect, the employee is entitled to the new or changed plan/benefits.

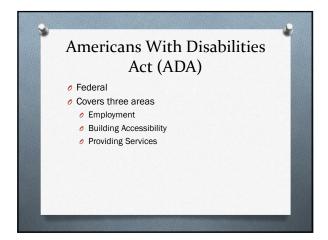
Other benefits are determined by employer's established policy for such benefits (paid or unpaid leave, etc.)

RIGHT TO REINSTATEMENT

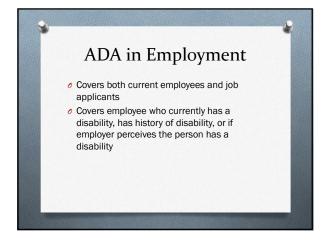
General rule is that, on return from FMLA leave, an employee is entitled to be returned to the same position the employee held when leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.





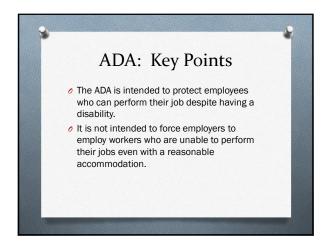


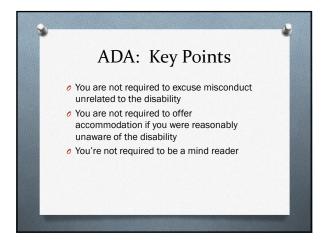


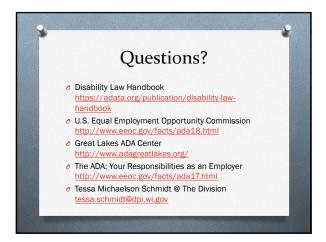


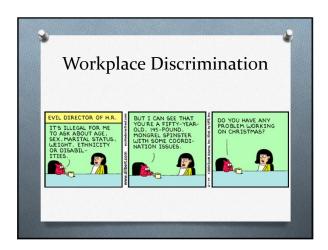






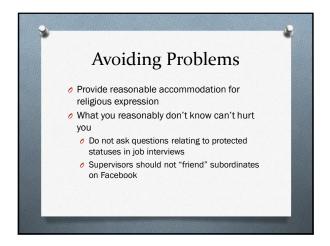


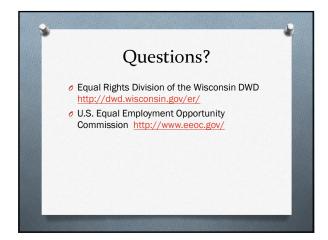


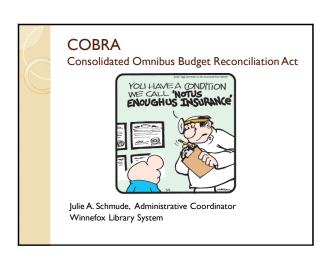


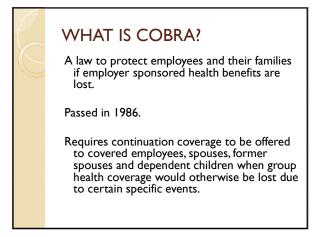


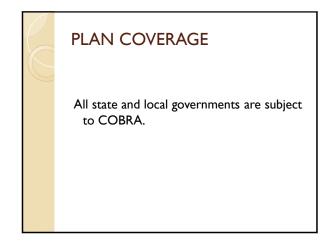












QUALIFYING EVENTS

For Covered Employees:

- Termination of employment
- Reduction in the number of hours worked.

QUALIFYING EVENTS (CONT.)

For Spouses:

- Termination of covered employee's employment.
- Reduction in hours worked by covered employee.
- Covered employee's becoming entitled to Medicare.
- Divorce or legal separation of spouse
- Death of covered employee.

QUALIFYING EVENTS (CONT.)

For Dependents:

- Loss of dependent child status under plan rules.
- Termination of employee's employment.
- Reduction in hours worked by employee.
- Employee's becoming entitled to Medicare
- Divorce or legal separation of spouse.
- Death of the covered employee.

HOW LONG DOES COBRA COVERAGE LAST?

Depending upon the type of event and who the beneficiary is

- Termination of employment or reduction in hours 18 months for the employee and any covered dependents.
- An individual previously entitled to 18 months of coverage who is determined to be disabled – 29 months of coverage.
- In the case of an individual previously entitled to 18 months of coverage who experiences a second qualifying event – 36 months of coverage.
- In the case of qualifying events for reasons other than termination of employment or reduction in hours – 36 months of coverage.

COBRRA COMMUNICATION DUTIES

Include:

- Employer Notification to covered employees and covered spouses of their initial rights under COBRA when they first join the plan.
- Employer Notification to covered persons of their election rights to continue coverage after a qualifying event occurs. (COBRA election notice needs include health exchange information.)

COBRA COMMUNICATION DUTIES (CONT.)

Employer Notification within 30 days to the plan administrator (usually the insurance company) when a loss occurs for reason listed above.

 for divorce and change of status by a dependent notice must be made to the administrator within 60 days.

The administrator has 14 days after notice to notify the person who is entitled to COBRA coverage.

The employee has 60 days to notify employer that he or she wants coverage.

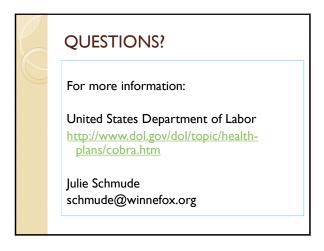
WHO PAYS FOR COBRA COVERAGE?

The employee generally pays the full cost of the insurance premiums.

- Employer may charge 102% of the premium

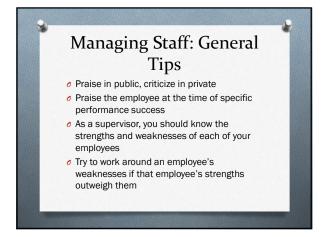
Timing of payments is important. COBRA coverage can be terminated if premium payments are late (within 30 days of the due date).

Process is complicated because the employer has to pay in advance for the coverage under the policy, but the law states that you have to give COBRA insured a 30-day grace period from the time the payment is due.





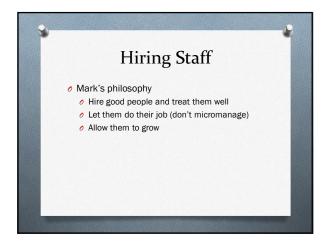


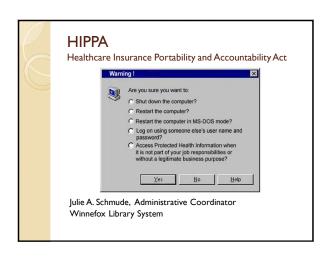












WHAT IS HIPPA? Developed in 1996 to help public with insurance portability. Subsequently built simplifications involving electronic, medical record technology and other components. Then built a series of privacy tools.

WHAT IS PORTABILITY - A US employee's right to keep or maintain certain benefits when switching employers or when leaving the workforce (retiring). - Rights and Protections for participants in group health plans. - Prohibits discrimination based on health factors. - Assures that certain people will have access to, and can renew individual health insurance policies.

WHO NEEDS TO BE HIPPA COMPLIANT?

- Healthcare providers, hospitals, clinics, etc.
- Healthcare clearinghouses.
- Healthcare plans including insurers,
 HMOs, Medicaid, Medicare prescription drug card sponsors, etc.
- Employers, schools or universities that collect, store or transmit protected health information to enroll employees or students into health plans.

WHAT IS HIPPA COMPLIANCE?

HIPPA sets the standard for protecting sensitive patient data. Responsibility is to ensure that all required physical, network, and process security measures are in place and followed.

PHI (PROTECTED HEALTH INFORMATION)

Information that identifies who the healthrelated information belongs to and includes:

- Names
- Email addresses
- Phone numbers
- Photos
- Drivers license numbers

If you have something that can identify an employee together with health information of any kind – you have PHI that needs to be protected per HIPPA.

SEEMS STRAIGHT FORWARD?

"I'm sending an email to someone whose email address is clearly not identifiable, e.g. klh234376@aol.com ... Therefore the message is not PHI, right"?

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"I'm sending an email to someone whose email address is clearly not identifiable, e.g. klh234376@aol.com ... Therefore the message is not PHI, right"?

Actually PHI definition for email states all email address, no matter what, are identifiable.

SEEMS STRAIGHT FORWARD?

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SEEMS STRAIGHT FORWARD?

"I'm sending a newsletter of health care tips to a list of people. That does not seem to be PHI, right"?

It depends. If it is a newsletter of tips to cope with diabetes sent by your doctor, it could be construed as PHI.

If it is a general web site where there are many topics covered and an article on diabetes appears, it would not be PHI.

PRACTICE

Think twice when developing meeting agendas and minutes.

- Jane Doe is requesting LWOP to have a knee surgery.

Don't mention health issues in staff newsletters or post on bulletin boards.

 We are excited to announce Jane in circulation is expecting a baby!

If you are reporting information, keep all personal identification out and speak only in generalities.

- We have 6 employees with family health coverage and 2 with single health coverage.

QUESTIONS?

For more information:

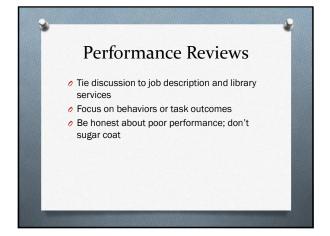
US Department of Health and Human Services

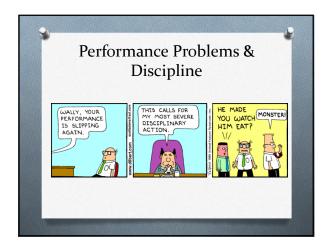
http://www.hhs.gov/ocr/privacy/

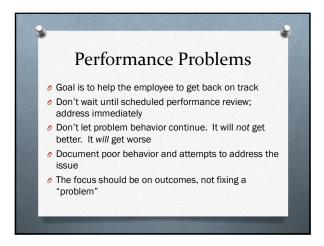
Julie Schmude schmude@winnefox.org

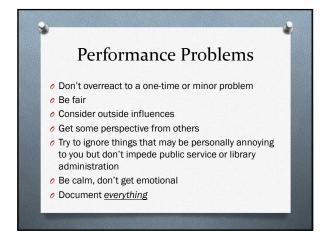


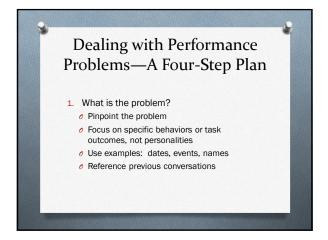
Performance Reviews • Helps ensure that employees know what you expect of them • Review previous year's performance • Keep notes throughout the year—don't trust to memory • Set goals for the next year • Address performance problems











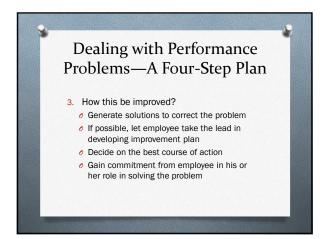
Dealing with Performance
Problems—A Four-Step Plan

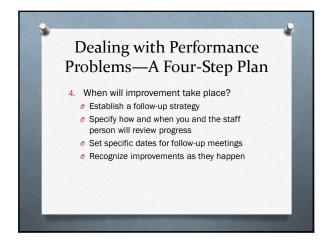
2. What is the Impact?

• Identify the negative effect (on service, library goals, etc)

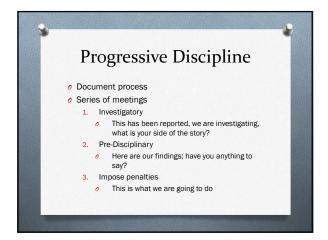
• Gain agreement that a problem exists

• Discuss consequences if the problem continues

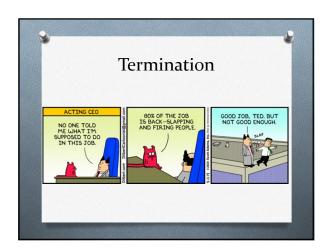




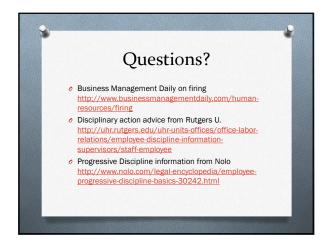


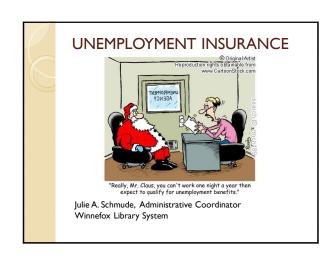












WHAT IS THE UNEMPLOYMENT INSURANCE PROGRAM?

Unemployment Insurance laws are intended to:

- Provide a source if income to those temporarily unemployed through no fault of their own.
- Provides weekly benefits to eligible unemployed workers.

HOW IS THE UI PROGRAM FINANCED?

Jointly through federal and state employer payroll taxes.

- Federal (FUTA) is used for administrative expenses and costs related to extended benefits.
- State is used only to pay benefits to unemployed workers.

REIMBURSEMENT FINANCING

Governmental units can choose between the tax and reimbursement methods of financing.

- Accounts for governmental units are initially set up on the reimbursement financing method but tax financing can be elected.

ELIGIBILITY FOR UI

Available to employees with sufficient work history whose employment was terminated through no fault of their own.

COMMON REASONS FOR INELIGIBILITY

Quit a job without good cause.

Termination for misconduct

Termination for substantial fault.

SOME COMMON DISQUALIFICATIONS

- Refusal to work without good cause.
- Failure to make an acceptable work search.
- Do not work hours available during a week.
- Unable or unavailable to work in a week.
- Not able to work because of a strike or other labor dispute.
- Are receiving Social Security Disability (SSDI) payments.
- Working in an excluded employment.

NOTICE TO EMPLOYEES (FORM UCB-7)

Employers are required to prominently display a poster in each work place.

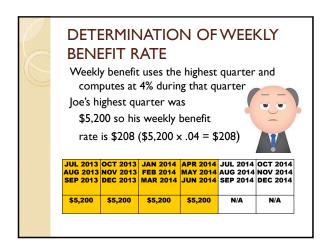
If not a permanent site regualry accessed by employees, can provide individual notices.

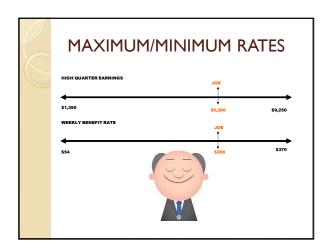
DO NOT BUY THESE POSTERS!

QUALIFYING FOR AND CALCULATING UI Qualifying Wage Requirements Step I. Base Period (first four of the five most recently completed calendar quarters) OCT JAN APR JUL OCT JAN CLAIM IN SEP DEC MAR JUN SEP DEC

EXAMPLE:

Meet Joe. Joe has been laid off today, 12/9/14 from your City Library. He qualifies for unemployment because he was laid off. Next is to determine if he has enough qualifying wages. We'll say he works 40 hours per week and makes \$10.00 per hour. He gets paid every Friday.





BASE PERIOD WAGE REVIEW

Total base period wages must equal at least 35 times the weekly benefit rate

 $(35 \times WBR = $7,280)$ (Joe earned \$20,800)

Wages outside the high quarter must equal at least 4 times the weekly

benefit rate

 $(4 \times WBR = $832)$

(Joe earned \$15,600)



OTHER QUALIFYING REQUIREMENTS

Joe has two more requirements to be eligible for benefits:

- He must be able and available for work
- He must search for suitable work

PROPORTIONAL CHARGING

Example:

Total base period wages = \$20,800

Covered base period wages paid by Employer A = \$15,600 (75%) Covered base period wages paid by Employer B = \$5,200 (25%)

If claimant receives unemployment benefits of \$208, the employers' charges would be:

Employer A - \$156 (75%)

Employer B - \$ 52 (25%)

EMPLOYEE VS. INDEPENDENT CONTRACTOR

Considered an employee unless both following conditions are met:

- The individual is free from employer's direction and control in regard to when, where and how their services are performed.
- Services have been performed in an independently established trade, business or profession in which individual is customarily engaged.

QUESTIONS?

For more information:

State of Wisconsin

Department of Workforce Development

https://dwd.wisconsin.gov/ui/

Julie Schmude schmude@winnefox.org



