



Fulton County Board of Commissioners
Agenda Item Summary

20-0228

BOC Meeting Date
3/18/2020

Requesting Agency

Human Resources Management

Commission Districts Affected

All Districts

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Offering a presentation on the Family and Medical Leave Act (FMLA) utilization for two (2) years.

Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

To hear the report on the utilization of the Family and Medical Leave Act (FMLA) utilization for two (2) years.

Is this Item related to a Strategic Priority Area? *(If yes, note strategic priority area below)*

Yes All People Trust Government is Effective, Efficient and Fiscally Sound Open and Responsible Government

Is this a purchasing item?

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Scope of Work: (Provide a brief project scope of work of the services/work to be provided)

Offering a presentation on the Family and Medical Leave Act (FMLA) utilization for two (2) years.

Community Impact: (Provide the overall impact on community health, whether the impact would be Countywide or to a specific District, if applicable)

There is no community impact.

Department Recommendation: (Provide the user department recommendation)

As this is a presentation, a recommendation is not applicable.

Project Implications: (What are the future implications of the item in terms of potential changes in budget, service provision, or County policy/operations?)

There are no project implications.

Community Issues/Concerns: (Identify any issues/concerns raised by constituents or clients concerning the agenda item and if those issues have been addressed?)

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

There are no community issues or concerns.

Department Issues/Concerns: (Identify any additional department recommendations or concerns including funding, staffing, external/internal partnerships and operational inefficiencies)

There are no departmental issues or concerns.

History of BOC Agenda Item: (Has this item previously been before the BOC? Yes or No. If yes, for non-purchasing item(s), describe what action(s) were taken.)

There is no history of this item on the Board's agenda.

(For purchasing items, provide the project history chart or if a new procurement, insert "New Procurement".)

Contract & Compliance Information	<i>(Provide Contractor and Subcontractor details.)</i>
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Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

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Solicitation Information	NON-MFBE	MBE	FBE	TOTAL
No. Bid Notices Sent:				
No. Bids Received:				
Total Contract Value	.			
Total M/FBE Values	.			
Total Prime Value	.			
Fiscal Impact / Funding Source	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>			
.				
Exhibits Attached	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>			
Source of Additional Information	<i>(Type Name, Title, Agency and Phone)</i>			

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Continued

Procurement

Contract Attached: .	Previous Contracts: .		
Solicitation Number: .	Submitting Agency: .	Staff Contact: .	Contact Phone: .

Description:.**FINANCIAL SUMMARY**

Total Contract Value:	MBE/FBE Participation:
Original Approved Amount: .	Amount: . %: .
Previous Adjustments: .	Amount: . %: .
This Request: .	Amount: . %: .
TOTAL: .	Amount: . %: .

Grant Information Summary:

Amount Requested: .	<input type="checkbox"/>	Cash
Match Required: .	<input type="checkbox"/>	In-Kind
Start Date: .	<input type="checkbox"/>	Approval to Award
End Date: .	<input type="checkbox"/>	Apply & Accept
Match Account \$: .		

Funding Line 1: .	Funding Line 2: .	Funding Line 3: .	Funding Line 4: .
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KEY CONTRACT TERMS

Start Date: .	End Date: .
Cost Adjustment: .	Renewal/Extension Terms: .

ROUTING & APPROVALS

(Do not edit below this line)

X	Originating Department:	Hermon, Kenneth	Date: 3/10/2020
.	County Attorney:	.	Date: .
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
X	County Manager:	Anderson, Dick	Date: 3/11/2020

F M L A

Family & Medical Leave Utilization 2018 & 2019

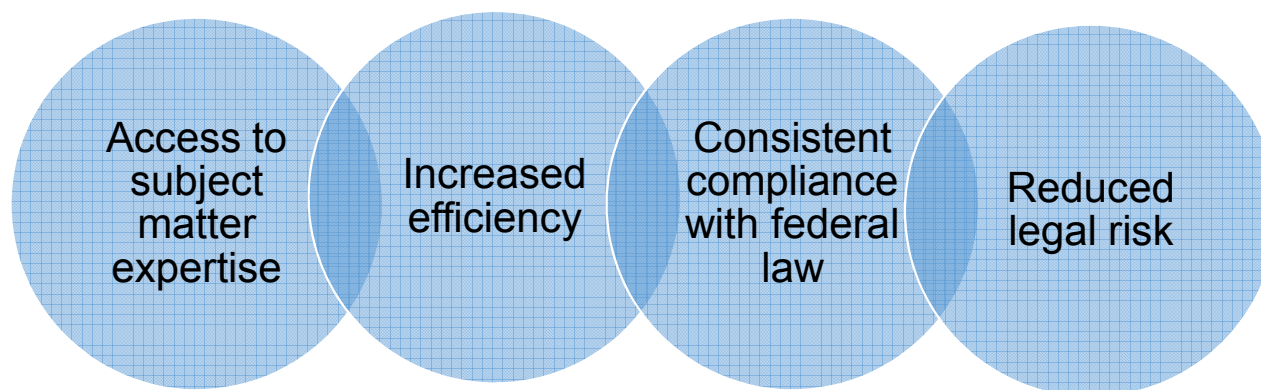
Stacey Jones – Deputy Chief HR Officer
Lanna Hill – Policy Administrator
Department of Human Resources Management
March 18, 2020



2018 & 2019 Family & Medical Leave Utilization

Third-Party Administration of Family and Medical Leave

In an effort to improve the services provided to employees, Fulton County entered into a contract agreement in 2017 with York Risk Services Group, formerly known as CareWorks Absence Management administer the County's Family and Medical Leave Act (FMLA) program. Services began in 2018. The County gained:



York Risk Services Group was acquired by Sedgwick Claims Management Services Inc., and continues as the County's FMLA administrator. The total cost for the services over the last two years was \$142,940. The Department of Human Resources Management is in the process of issuing an RFP for this service for 2021.



2018 & 2019 Family & Medical Leave Utilization

774

New FMLA cases in 2018

749

New FMLA cases in 2019

Reasons for FMLA



916 Employee's own serious health condition



399 Care of a family member
- Parent **188**
- Child **112**
- Spouse **86**
- Other **13**



208 Pregnancy, Childbirth and bonding



**FULTON
COUNTY**

#20-0228

2018 & 2019 Family & Medical Leave Utilization

