

**Notice of Confidentiality - Leaves Administration
Hanover Township
Human Resources**

Human Resources is dedicated to maintaining the confidentiality of your health and personal information. In processing for a leave of absence (Family Medical Leave Act, Family Medical, Medical Leave of Absence, Illinois Municipal Retirement Fund, and Victim’s Economic Security and Safety Act), a file will be created for the purposes of this process and will be maintained separate from your permanent personnel file located in Human Resources. Your employing department will be notified once a leave of absence has been approved, unless you have submitted written authorization allowing us to communicate your request for leave with the department prior to the leave authorization. Information regarding the reason for your leave will not be disclosed to your employing department.

Human Resources adheres to FMLA regulations that state: “records and documents relating to medical certifications, re-certifications or medical histories of employees or employees’ family members, created for purposes of FMLA, shall be maintained as confidential medical records in separate files/records from the usual personnel files, and if ADA is also applicable, such records shall be maintained in conformance with ADA confidentiality requirements (*see* 29 CFR § 1630.14(c)(1)) except that:

Supervisors and managers may be informed regarding necessary restrictions on the work or duties of an employee and necessary accommodations;

First aid and safety personnel may be informed (when appropriate) if the employee’s physical or medical condition might require emergency treatment; and

Government officials investigating compliance with FMLA (or other pertinent law) shall be provided relevant information upon request.

Acknowledgement of Notice:

I acknowledge receipt of Hanover Township’s Notice of Confidentiality practices pertaining to my leave of absence from employment on the basis of the Family Medical Leave Act, Family Medical, Medical Leave of Absence, Illinois Municipal Retirement Fund, and/or Victim’s Economic Security and Safety Act (VESSA).

Employee’s Name (Please Print)

Date

Employee’s Signature