GLOBAL TALENT MANAGEMENT

NEW PARENT GUIDE

UPDATED February 2022

Congratulations on becoming a parent! **The Combined New Parent Guide** (formerly the Pregnancy Guide) was developed for Civil Service and Foreign Service employees, including Eligible Family Members, who are growing their families. The Guide is divided into two parts.

- Part One: Pregnancy and Childbirth Guidance is geared towards State Department families posted abroad and considering whether to deliver their baby in the United States or overseas, but also contains a wealth of information on leave and benefits for all State Department families, including those posted domestically.

- Part Two: Adoption/Surrogacy and Foster Care Guide (beginning on page 43), provides guidance for employees growing their families through adoption, foster care, or surrogacy.

Both Parts One and Two contain detailed guidance on leave options, including information on how to apply for Paid Parental Leave under the Family Medical Leave Act (FMLA). Part One also notes the recent expansion of the New Child Emergency Visitation Travel benefit for foreign service employees and their eligible family members who welcome a new child/children into the family through adoption, fostering, or surrogacy.

We hope this Guide assists you in making the best decisions for you and your family. The contents may change periodically as new policies and procedures are developed. The newest version can always be accessed through the GTM Leave Website.

Additional resources for Department of State employees and their families can be accessed through TalentCare.

PART ONE

PREGNANCY AND CHILDBIRTH GUIDANCE FOR EMPLOYEES

INCLUDING OBSTETRIC MEDEVAC

Part One: Pregnancy and Childbirth Guidance for Employees

INCLUDING OBSTETRIC MEDEVAC[1]

Congratulations on your pregnancy! We know that employees have a lot of questions during this time, whether assigned overseas or domestically, and this Guide includes a wealth of information on leave options, including paid parental leave, questions about per diem while at FSI or on OB medevac, and general resources pertinent to both domestic and overseas employees.

A major addition to this Guide is information on the implementation of the Federal Employees Paid Leave (FEPLA) for births occurring on or after October 1, 2020.[2] See 3 FAM 3530 FMLA and Paid Parental Leave. This benefit is provided to the birth and non-birth parent. FEPLA is a component of the existing Family Medical Leave Act (FMLA). Under FMLA, employees are entitled to 12 weeks of unpaid administrative leave per 12 calendar months for purposes of pregnancy, childbirth and bonding with a healthy baby. Starting October 1, 2020, 12 weeks of paid parental leave may be substituted for FMLA leave for the birth of a child. Paid parental leave may also be used in combination with accrued sick and/or annual leave. Employees receiving paid parental leave under FMLA continue to be eligible for the Shared Voluntary Leave Programs (See section 1.4. for details about FEPLA). There is also new policy regarding the continuation of per diem for employees who invoke paid parental leave under FMLA while in training at FSI (see Section 1.5.2).

We hope this Guide assists you in making the best decisions for you and your family. The contents may change periodically as new policies and procedures are developed. The newest version can always be accessed through the GTM Leave Website.

[1] The key source of information in this Guide is 16 FAM 300 (Medical Travel) 16 FAM 300 (Medical Travel)

[2] FEPLA also provides 12 weeks of paid leave for the adoption or foster placement of a son or daughter which is covered in Part 2 of this Guide.

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1. You're Expecting! Congratulations!

If you just found out that you are expecting, you likely have a number of questions going through your head: What should I do next? Where can I deliver my baby while I'm posted overseas? Who will pay for my medical care if I'm overseas? How does the new paid parental leave work under FMLA? What types of leave are available to me in addition to paid parental leave? What allowances will I keep and what will I lose? These questions will be addressed in this part of the Guide.

4.7 **Onset of your pregnancy**

At the very beginning of your pregnancy, schedule an appointment with your health provider. If you are posted overseas, make an appointment with the health unit or Regional Medical Officer (RMO) for guidance and arrangements regarding your prenatal care overseas. Notifying the RMO or health unit early allows them to better coordinate your prenatal care. You may wish to inform your supervisor early to permit time to plan for your upcoming prolonged absence.

Per the American Congress of Obstetricians and Gynecologists (ACOG) Guidelines, the Bureau of Medical Services (MED) recommends that every pregnant woman be offered prenatal screening for chromosomal abnormalities. The first trimester chromosomal screening should be performed between 10-13 weeks gestation. MED also recommends that pregnant women have an anatomical ultrasound at 18-20 weeks gestation. If these procedures are available at post, you must do them at post. If not, then you may choose to do them in your post's designated medevac destination, or in the United States on a cost-construct basis. So if you choose to travel to the U.S. for the screenings the travel and per diem rate is based on either the U.S. destination rate, or the overseas medevac rate, whichever is lower.

1.2 **Where you can deliver your baby**

In the United States

If you choose to return to the United States for childbirth, you may wish to consider the post-birth administrative advantages of giving birth in the DC area: it is generally easier and faster to get your baby added to your orders, to apply for and receive their passports, and to take care of travel arrangements when you are able to personally visit the offices handing these issues.

It is, of course, possible to take care of the above tasks from outside of the Washington, DC, area. Family, social support, and existing relationships with healthcare providers are important considerations in selecting where to deliver your baby.

Overseas

While MED strongly encourages all pregnant women to deliver in the United States, where standards of care are monitored and enforced,[3] other choices are available.

MED may approve travel to other overseas locations only to a post with a level of obstetrical and neonatal care that is both adequate and higher than that available in your country of assignment. You may also choose to deliver at your current post. Please consult with your Embassy Health Unit as early as possible, as delivering at post may not be advisable. In all countries, in the course of your discussions with your health unit, you will be asked to sign an acknowledgment of the State Department policy associated with an in-country or post-to-post medevac for delivery. It is extremely important to speak to your Health Unit or RMO early. In addition to the quality of medical care, they may also consider your family situation. For example, if you or your spouse is of German origin and you have family in Germany, this may be taken into consideration to support a medevac to Germany instead of London. RMO/MP will contact Med Foreign Programs and the RMO in the city where you wish to deliver. All three would need to agree to a post to post OB medevac. 16 FAM 315.2 c.

The State Department has established medevac centers in certain cities around the world, which serve as the designated medevac destination for posts with inadequate medical facilities. The amount and types of support available to you will vary depending on whether there is a medevac center at your intended destination.

Medevac centers have dedicated resources to assist you during your medevac and are more familiar with the entire medevac process. If you choose to deliver in a city without a medevac center, the medical provider at your post should discuss your plans with the RMO where you wish to be medevaced, and that RMO must agree to your medevac before it can be authorized. You will not receive logistics support from the Embassy Health Unit, including help finding lodging, doctors, and administrative support in submitting medical claims.

You should also consider whether your child would acquire U.S. citizenship at birth if born overseas. Children born in the United States acquire U.S. citizenship automatically. Children born overseas may or may not acquire U.S. citizenship, depending on the applicable law.

1.3 Who pays for your medical care[4]

Payment for your outpatient prenatal care such as doctor's appointments, blood and other laboratory tests, and ultrasounds are your responsibility, but these charges are eligible for reimbursement for amounts not covered by your primary insurance if you were posted overseas while pregnant and were hospitalized for 24 hours or more for the delivery. Therefore, you should wait to submit claims for reimbursement of outpatient prenatal care to the State Department until after your delivery. You

[3] 16 FAM 315.2 (Delivery Outside the United States, 16 FAM 300 (Medical Travel)

[4] Source: "Obstetrical Travel" guide prepared by the Office of Medical Services (MED).

should submit claims promptly to your primary health insurance for reimbursement and retain copies of these bills as well as your insurance company's "Explanation of Benefits" regarding these claims.

MED recommends that you pay the full balance due after any insurance payments to your provider prior to submitting a claim for the balance to the State Department for reimbursement.

The U.S. government serves as the secondary payer for any hospitalization during your pregnancy, including delivery, if you have been posted overseas during any part of your pregnancy. This means after you have submitted a claim to your health insurance, and that company has paid what it will cover, the U.S. government pays remaining authorized expenses. Expenses not generally covered by the insurance company (such as private room, TV, telephone, etc.) will not be reimbursed.

The U.S. government does not act as the primary insurer. This means if your primary health insurance does not cover the hospitalization, or if you have no primary health insurance, the U.S. government pays nothing, and you are responsible for both inpatient and outpatient expenses.

To help cover medical costs, MED will send you a letter of authorization for hospitalization (Form DS-3067), Authorization for Medical Services for Employees and/or Dependents). For overseas delivery, your health unit at post must issue the DS-3067 before you travel to your overseas delivery destination. If you are delivering in the U.S., you must contact MED immediately after arriving at your U.S. medevac destination, either by calling the OB Medevac Coordinator at 202.663.1662 or email MedForeignPrograms@state.gov. Upon notification of your arrival, MED will send a packet of information and forms that you will need while on medevac, including the DS-3067.

This authorization names the State Department as the secondary payer after insurance and includes the costs of the hospitalization and outpatient services directly related to that hospitalization for one year *from the date of the first service rendered* for the pregnancy. Secondary payer coverage is limited to the scope of the underlying policy and the co-pay amounts not covered by primary insurers. If your insurance denies any payment, then DOS will also deny payment. Further, deductibles are not reimbursable.

The DS-3067 is primarily designed to cover you for delivery, and any complications related to it. It provides authorization for costs related to hospitalization of your newborn post-delivery, but once your baby has been discharged it does not cover things like well-baby visits, etc. These costs should be borne by your primary health insurance, to which you should add your new baby. You should consult your own insurance for instructions on how to add your new baby. For more specific funding questions, contact MEDClaims@state.gov.

If you deliver your baby in the United States, you are responsible for submitting claims for reimbursement for allowable charges (after your primary insurance has paid their portion of the bills) to MED/CLAIMS for payment. This should include Explanation of Benefits forms (insurance documentation explaining what they have paid), proof of your payment to the provider of any balance due, an itemized invoice, and a copy of the DS-3067. This hospitalization-related outpatient care extends for the period of one year from the date of the first service submitted for payment of medical care received in the

medevac location. After delivery, you may submit claims as they come in. There are two ways to submit the claim:

1. Scan and attach to an email to: MEDClaims@state.gov (this is the preferred method)
2. Fax: 202-663-3858

If you deliver your baby overseas, when MED issues you a DS-3067, they will also create a fund cite at either your home post or post of delivery. You should submit your claims to your insurance the same as above. When your insurance company sends the reimbursement checks, you should sign them over to the finance office at the embassy to be applied to the fund cite. If the embassy pays any amounts on your behalf which end up not covered by your insurance and not eligible for reimbursement under the DS-3067, you will need to reimburse the embassy directly.

If the overseas medevac point is to a medevac center, then the health unit at the medevac point will provide administrative assistance. You should provide the Embassy's health unit or budget section with a copy of the DS-3067 to facilitate payment of hospital bills.

You may apply for an advance of allowable medical per diem before departure from post. Ask your post's Financial Management Office how to apply for this advance. You will need a copy of the fiscal data cable. Advanced funding to pay costs of hospitalization is not automatic for a post to post OB medevac. However, the authorizing RMO or Medical Provider may request fiscal data for hospitalization (typical cost of giving birth at a local hospital) prior to your departure. An estimate of the up-front hospital costs should be obtained from the proposed receiving post and sent in a MED Hospitalization Request cable to MED BUD for fiscal data. Fiscal data will then be sent to your assigned post. You may make arrangements with the selected medevac post to determine if the selected medevac site would pay the hospital bills using the fiscal data and the subsequent fund cite provided to your assigned post. This arrangement is left up to you and the receiving post.

If you fail to make necessary arrangements with the selected medevac post for the hospital bills to be paid from the fund cite, and your hospital does not accept your insurance, you will have to cover the hospitalization expenses up front and be reimbursed later by your insurance carrier first, and through the DS-3067 with the State Department Medical Program as secondary payer. You can contact, Hospitalizations@state.gov, with your overseas hospitalization reimbursement questions.

Note: If you are travelling on a workday, you may use administrative leave for travel to and from your medevac location in lieu of annual leave.

If you are an employee, including Eligible Family Members on a Family Member Appointment, you must be either in an approved work arrangement or on approved leave status during medevac.

1.4 Paid Parental Leave under FMLA

Effective October 1, 2020, State Department employees who are eligible for FMLA are also eligible for paid parental leave under FMLA for the birth of a child on or after October 1, 2020. Please review 3

FAM 3530 carefully which was revised in September 2020 to incorporate the provisions of paid parental leave.

Basically, the original **unpaid** Family Medical Leave Act (FMLA) still exists which allows you to take up to 12 weeks of unpaid leave within a 12 calendar month period for the birth and care of your son or daughter, the care of a family member who has a serious health condition, or for your own serious health condition. A serious health condition includes incapacitation due to pregnancy, childbirth, recovery from childbirth, periods of morning sickness, and medically prescribed bed rest. This applies even if you do not (or your family member does not) receive active treatment from a health care provider during the period of incapacity, or the period of incapacity does not last more than 3 consecutive calendar days.[6] Supervisors may not refuse leave requests filed under FMLA, as long as proper medical documentation is submitted.

You may invoke **unpaid** FMLA prior to the birth of a child and you may use any of the following types of leave for medical appointments or periods when you or your family member is incapacitated:

- Accrued, accumulated, or advanced annual leave;
- Accrued, accumulated, or advanced sick leave;
- Leave Without Pay (LWOP); and/or
- Donated leave received through a shared leave program (Voluntary Leave Transfer Program and Voluntary Leave Bank).

The new **paid** parental leave provisions under FMLA allow employees to "substitute" a maximum of 12 weeks of paid leave when a child is born. The benefit extends to both the birth and non-birth parent. **However, please be aware that you are eligible for a maximum of 12 weeks paid/unpaid leave under FMLA within 12 calendar months.** In other words, if you invoked unpaid FMLA before the birth of your child to cover absences due to a difficult pregnancy, for example, that period of time will be subtracted from your overall 12 week paid entitlement.

Paid parental leave expires either at the one year anniversary of the baby's birth, or one year after the first invocation of FMLA – whichever comes first.

Here are examples of possible scenarios:

Example 1: *Alison had a baby on October 31, 2020. Since she did not invoke a FMLA entitlement in the last 12 months, Alison invokes FMLA on October 31 and is eligible for 12 weeks of paid parental leave.*

Example 2: *Emma had a difficult pregnancy and needed 4 weeks of bed rest before the birth of her child. She didn't have any accrued sick or annual leave, so she invoked unpaid FMLA on November 1, 2020 to cover her illness. On December 1, 2020, she gave birth to a daughter and requested to "substitute" unpaid FMLA for paid parental leave. Emma is entitled to 8 weeks of paid parental leave because she used 4 weeks of unpaid FMLA for her pregnancy within the last 12 months. This FMLA entitlement ends on October 31, 2021 – 12 months after she invoked her first FMLA entitlement.*

Example 3: *Marta gave birth on May 1, 2021, however, she chose to use four weeks of accrued sick and annual leave to recover from a difficult delivery. Marta invoked paid parental leave a month later on June 1, 2021, for the first time in 12 months and is entitled to 12 weeks of paid parental leave. The FMLA entitlement expires on May 1, 2022 because that is the first anniversary of her child's birth.*

Example 4: *Anika takes 6 weeks of accrued sick leave (outside of FMLA) to recover from childbirth. She then invokes paid parental leave under FMLA. After taking 12 weeks of leave from work (6 weeks of SL/6 weeks of paid parental leave), she agrees to her supervisor's request to come back to work to complete a special assignment. Upon completion of the work assignment, Anika is able to use the remaining 6 weeks of her paid parental leave FMLA leave entitlement.*

Example 5: *George and his wife adopted a son on May 1, 2021, and invoked 12 weeks of paid parental leave under FMLA which expires on April 30, 2022. George's wife had a baby girl on December 5, 2021. Since George used his 12 weeks of paid parental leave for the adoption of his son, he cannot use any paid parental leave until he invokes a new FMLA entitlement on May 1, 2022. However, he may use accrued sick/annual leave or LWOP. George invokes a new FMLA entitlement on May 1, 2022, and uses 12 weeks of paid parental leave for the birth of his child born last December. FMLA expires for the birth of his child – on December 5, 2022 – the first year anniversary of the baby's birth. George is entitled to 12 weeks of paid parental leave for <u>each</u> event – birth of his child and adoption.*

You must apply for paid parental leave. You can start the process BEFORE the birth of your child – but PPL won't begin until the actual day of birth. These are the required forms:

- Complete *DS-1923* to apply for FMLA;
- Complete Form *DS-5154, Work Obligation Agreement* where you attest your intention to return to work at the State Department for 12 weeks at the conclusion of your paid parental leave period;
- Complete *Form DS-5155, Request for Paid Parental Leave (PPL);*
- Submit all three forms to your supervisor for his/her review. Your supervisor will approve the DS-1923 and the DS-5155;
- New procedure effective April 19, 2021: After your bureau executive director approves your request for paid parental leave, your bureau HR Office will send a copy of the approved DS-5155 to CGFS PAYINTAKE@state.gov This will enable payroll operations in CGFS to open a "PPL account" for you so your PPL is reported properly. It is essential that employees give as much advance notice as possible regarding their plans to invoke PPL under FMLA. We realize the dates may be imprecise, but the important thing is to get the PPL request in sooner than later.
- The DS-5154 *Work Obligation Statement* is not signed by your supervisor, but is required as supporting documentation;
- Copy of the baby's birth certificate, if available. If not immediately available, please provide it as soon as possible.

NOTE: For Employees Assigned Overseas: As of the date of publication of this Guide, efforts are underway to modify FAM 3433 and 3 FAH-1 H-3431 so that Foreign Service employees who take up to

12 weeks of paid parental leave away from post will receive continuous service overseas credit for eligibility for home leave. In other words, employees won't be penalized for taking PPL overseas away from post if it results in less than 18 months of service overseas.

1.4.1 "Stacking" Personal Leave and Paid Parental Leave

You may request to use annual leave or sick leave in addition to invoking paid parental leave under FMLA and, in such a case, your leave approver will exercise his/her normal authority. The act of requesting leave under normal procedures with the intent of using paid or unpaid FMLA leave at a later date is known as "stacking" leave, and is permitted, subject to the normal rules governing the approval of such leave. See 3 FAM 3534.3

Sick leave is a separate entitlement from FMLA. As set forth in 3 FAM 3420, employees who follow procedures for requesting sick leave and who provide required medical certification must be granted their accrued sick leave. Pregnancy and childbirth are considered qualifying medical emergencies. You may also use annual leave – subject to the approval of your supervisor.

Example: Jenny delivered a baby girl on December 1, 2020, but requested 4 weeks of accrued sick leave during her recovery period – as certified by a medical provider – instead of invoking paid parental leave under FMLA. After her recovery period, Jenny requested 2 weeks of accrued annual leave to bond with her healthy baby. After 2 weeks of annual leave, Jenny invoked paid parental leave under her FMLA entitlement for the first time in 12 months and received 12 weeks of paid parental leave. Her FMLA entitlement expires on December 1, 2021 – the first anniversary of the baby's birth.

Sick Leave: Accrued/accumulated sick leave can be used, with appropriate medical documentation, for:

- Any period when you are incapacitated for the performance of duties by physical or mental illness, injury, pregnancy or childbirth (including periods of morning sickness, medically prescribed bedrest, and recuperation from childbirth);
- Providing care to a family member (birth parent or child) with a serious health condition;
- Taking an infant or birth parent to medical appointments (up to 104 hours); or
- Providing care for a family member who is incapacitated by a medical or mental condition, or where an incapacitated family member requires psychological comfort and the family member would benefit from your care or presence (up to 104 hours).

Accrued sick leave is not designed for care of or bonding with a healthy child!

This applies to the non-birth parent as well.

1.4.2 Advanced Sick Leave:

If you run out of accrued sick leave, you can request up to 240 hours (30 work days; approximately 6 weeks)[7] of advanced sick leave for a serious medical condition of your own or of a family member (per the definition above, this includes pregnancy and childbirth) or when you personally are incapacitated

for the performance of your duties by pregnancy or childbirth. You can also request up to 104 hours (13 work days; approximately 2.5 weeks) of advanced sick leave to provide care for a family member who is incapacitated by a medical or mental condition, or to attend to a family member receiving medical examination or treatment. Supervisory approval is required.[5] Medical documentation is generally required for any sick leave period greater than three days. Advanced sick leave is a useful option.

Please note that advanced sick leave is paid back **as you accrue it**, which means at the rate of earning 4 hours of sick leave per pay period, 240 hours of advanced sick leave would take 60 pay periods to pay off. Given that there are approximately 26 pay periods in a year, earning back 240 hours of advanced sick leave will take almost 2.5 years *if* you do not use any sick leave during that same time period. Shared leave (see section 1.4.7) can be used to liquidate advanced sick leave balances.

Please note that if you decide to leave the Department of State while carrying a negative leave balance, you will be required to pay back the leave deficit.[6]

1.4.3 Accrued Annual Leave

You may request use of your accrued/accumulated annual leave, which would have to be approved by your supervisor unless you invoke the FMLA. Supervisors are encouraged to grant annual leave for purposes related to pregnancy and childbirth to the maximum extent practicable consistent with the mission's needs. The substitution of accrued/accumulated annual leave for unpaid leave under the FMLA cannot be denied for employees who have invoked FMLA (see below on how to invoke FMLA).

1.4.4 Advanced Annual Leave

You may request advanced annual leave, which is the number of hours you would accrue through the end of the current leave year[7]. This means that those giving birth earlier in the year may have more advanced annual leave available than those who deliver later in the year. Approval of advanced annual leave is also at the discretion of your supervisor.

Please note that if you decide to leave the Department of State while carrying a negative leave balance, you will be required to pay back the leave deficit.

1.4.5 Intermittent Paid Parental Leave

Paid parental leave under FMLA may be taken intermittently subject to the mutual agreement of the employee and the supervisor in accordance with 3 FAM 3534.2 in 3 FAM 3430. The desire to use paid

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[5] 3 FAM 3428 Sick Leave 3 FAM 3420 Sick Leave

[6] See 5 CFR 630.209 for more information and the (very few) exceptions to this general rule.

[7] 3 FAM 3420 defines a leave year as, 'the period beginning with the first day of the first complete pay period in a calendar year and ending with the day immediately before the first day of the first complete pay period in the following calendar year.' In short, the leave year closely follows the calendar year, but generally starts and ends a little after Jan 1st. So, a person giving birth earlier in the year will be able to request more advanced leave than someone having a baby later in the year.

parental leave intermittently is noted on the DS-5155. A thirty (30) day notice is required whenever possible; otherwise notice is required as soon as possible.

1.4.6 Shared Leave

There are two types of shared leave programs: 1) The Voluntary Leave Transfer Program (VLTP), which facilitates donations of annual leave from any State Department employee – your colleagues, friends and family within the Department of State, or from family members or, in certain circumstances, friends at another agency – directly to you to use for certain specified uses; and 2) The Voluntary Leave Bank Program (VLBP), which distributes pooled annual leave to eligible bank members based on established criteria. (Shared Voluntary Leave Programs)

If you have or will exhaust all accrued, accumulated, re-credited, and restored annual and sick leave and face 24 hours of absence from duty without available paid leave because of a medical emergency (including pregnancy, recovery from childbirth, or another serious health condition for you or your family member), you are eligible to apply for either or both of the shared leave programs. An Earnings and Leave Statement (ELS) is required at the time of submission to determine accurate leave balances and allow for calculations to determine need.

Your post's HR Office may be able to assist you with applying for both the VLTP and the VLBP; we encourage you to talk with them before you medevac to learn what help they can offer. Additionally, more information on each program and instructions on how to apply are below. Note: When applying concurrently to both programs, the applications for the Voluntary Leave Bank Program will be considered prior to the application for the Voluntary Leave Transfer Program.

Voluntary Leave Transfer Program (VLTP): Employees donate annual leave *directly* to their eligible colleagues, so the amount of donations will depend on how many of your colleagues donate their leave directly to *you*. You may receive leave contributions from any DOS employee, family members at any federal agency, and in certain circumstances, friends and outside agency colleagues at other federal agencies. VLTP may be requested prior to birth if serious medical conditions exist, during the birth parent's period of recuperation following childbirth, or for medical emergencies of your infant.

Recommendation: While notifications about VLTP applicants are posted on the State Department intranet, you will likely be more successful if you also reach out to your colleagues directly, informing them that you are applying for the program and how they can make their contributions directly to you.

To apply for VLTP:

1. Complete form **DS-0630 – Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program;**
2. Complete the U.S. Department of State Leave Application Employee Coversheet.pdf;
3. Include your medevac cable *or* a medical certification on health care provider letterhead including the following: patient's full name and date of birth, a brief description of nature and

severity of medical emergency, expected start and end dates of the medical emergency, signature of health care provider treating the patient, and date the certification was signed;
4. Include your most recent earnings and leave statement showing that you are facing more than 24 hours of unpaid absence due to insufficient available leave;
5. Submit your complete application package to VLB-VLTPrograms@state.gov

Voluntary Leave Bank Program (VLBP): The Leave Bank is a pooled fund of annual leave. The amount of distribution is determined by the bank board. To receive a distribution from the Leave Bank, an employee must be a member of the bank. Minimum yearly membership "fees" are one pay period of accrued annual leave and vary depending on years of service (for example, the minimum fee for an entry level employee with less than through years of service is 4 hours of annual leave per year).

To apply for VLBP:

1. Determine your timing and eligibility. You may only join the bank during open season, within 60 days of entry on duty, or within 60 days of your return from an extended absence outside an open enrollment period;
2. Complete form **DS-0630 – Application to Become a Leave Recipient Under the Voluntary Leave Bank Program** in eForms;
3. Obtain medical certification (in English) by completing the WH-380-E (for a medical emergency of the Federal Employee) or WH-380-F (for a medical emergency of the Federal Employee's family member). If you do not want to complete the WH-380-E/WH-380-F you may provide an appropriate medevac cable *or* a medical certification on health care provider letterhead including the following: patient's full name and date of birth, a brief description of the nature and severity of medical emergency (exclude any personal or sensitive information), dates of expected medical emergency, signature of health care provider treating the patient, and date the certification was signed;
4. Complete the Department of State Leave Application Employee Coversheet DS-7100 on myData, or Form 71;
5. Include your most recent earnings and leave statement showing that you are facing more than 24 hours of unpaid absence due to insufficient available leave; and
6. Complete the Leave Accounting Worksheet (required in the application package for retroactive application requests and required at the end of all participations); and
7. Submit your complete application package to VLB-VLTPrograms@state.gov.

1.4.7 Telework

Employees who arrange for telework from their medevac location, either working for post or for a bureau in Washington, D.C., must arrange an appropriate telework agreement consistent with post and Department of State policy. Bureaus are encouraged to support suitable alternate work and telework arrangements whenever possible.

1.4.8 Temporary Work

You may arrange short-term work during your medevac, either full-time or part-time. There are multiple ways to find these opportunities. Start by contacting your regional bureau EX to determine if they have any short-term opportunities. We recommend that you also confer with your post.

One source of short-term projects is Agility @ State Site – a one stop shop platform which directly connects State Department offices and employees for the purposes of filling short-term projects and work opportunities, either full-time or part-time, from a period of a few days through a maximum of 90 days.

If you are a Consular officer, and choose to deliver your baby in the United States, you may wish to explore a short-term assignment at a Passport Agency in the area where you are medevac'ing. CA/EX (ConsularBidders@state.gov) can assist you in reaching out to the Passport Agency at your medevac location. You can also contact your CDO, who can help arrange the TDY.

If you or your family member choose(s) to deliver your baby overseas, you may reach out directly to the respective section at your medevac location to check whether they may need a person with your experience (for example, if you are currently working in a non-immigrant visa unit at your post, you may reach out to the non-immigrant visa unit at your medevac location to see if they may be able to use your help during your medevac time).

1.4.9 Training

If you are traveling to Washington, D.C. for your medevac, you might be able to sign up for training prior to childbirth. Check Foreign Service Institute (FSI)'s course schedule. Training requests must be authorized by your supervisor or training officer (for mandatory training such as Leadership or EEO/Diversity). You will not be eligible for medevac per diem while in training at FSI, but you may be eligible for per diem for non-medevac reasons, if you otherwise qualify under applicable rules and regulations (e.g., you are on TDY).

Online courses may be an option whether your medevac location is domestic or overseas, but you need to set clear expectations with your supervisor about how much time the training will take and how you will account for your time. It is important to know which office owns your billet and to make sure it is aware of and approves whatever work arrangement you make. If you don't have enough paid leave to cover your anticipated absence, you may wish to consider taking a mixture of paid leave and LWOP for the duration of your time away from post. Leave may also be combined with training.

1.5 MEDEVAC, Travel, Per Diem and Allowances

MEDEVAC and paid parental leave are two separate policies. OB Medevac addresses the physical health and well-being of the birth parent prior to and after birth. Whereas, paid parental leave is a leave policy designed to allow birth and non-birth parents to recuperate and bond with their new baby. While on your medevac, you will be eligible for per diem that covers your lodging expenses, meals and incidental expenses (M&IE), and reimbursement for other expenses such as taxi to and from your medical

appointments. If paid parental leave is invoked while on medevac (post birth), it has **no effect on your eligibility for per diem while on medevac.** However, while you are away, many allowances associated with your post of assignment (e.g., COLA, hardship differential, LIP, etc.) may be affected. This section addresses these allowances in detail.

1.5.1 Per Diem[11]

Per diem is the total of the maximum amount for lodging expenses, plus a fixed allowance for meals and incidental expenses (M&IE) for the location where you have been approved to medevac.[8]

Lodging: Please note that you may not be reimbursed for every type of lodging. For example, you will not be reimbursed for staying at your personally-owned residences or your personally-owned recreational vehicle (trailer/camper). You will be reimbursed, as a lodging expense, the fee or service charge paid for use of U.S. Government quarters. You *may* be reimbursed for additional costs of lodging with friend(s) or relative(s) if you are able to substantiate the costs and the Department of State determines them to be reasonable; or the cost of other types of lodging when there are no conventional lodging facilities in the area (e.g., in remote areas) or when conventional facilities are in short supply; or for costs associated with recreational vehicles such as parking fees, fees for connection, use, and disconnection of utilities, electricity, gas, water and sewage, bath or shower fees, and dumping fees.[9]

Full per diem is paid for the duration of the medevac (it does not decrease after the first 30 days as it does, for example, during training).

If you elect to deliver abroad and away from post, and if the location is approved by MED, travel and per diem allowances will be cost constructed based on travel costs to and per diem allowances in Washington, D.C. This means that transportation costs and per diem are paid at either Washington, D.C.-based rates or those of the chosen medevac locality, whichever total per diem is lower for the duration of the medevac. Medical per diem is only approved for the authorized Medevac location; no per diem will be payable for unauthorized locations.

Under certain conditions,[10] children who are on your current post orders may be authorized to travel with the expectant parent (see below).[11]

Per diem rates in the continental United States ("CONUS Rates") are set by the U.S. General Services Administration by fiscal year, effective October 1 each year. Find the current rates, including Washington D.C., here: http://www.gsa.gov/portal/category/100120 Per diem rates in foreign countries are set by the State Department. Should you wish to compare an overseas location with a

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[8] 14 FAM 572.2 (Maximum Rates 14 FAM 572

[9] 14 FAM 572.3-2 (Reductions from Lodging Allowance, 14 FAM 572

[10] Your dependent children may be authorized to travel with you if they are incapable of caring for themselves during your medevac, provided no suitable arrangement can be made at the post. In these instances, the principal officer or his/her representative shall verify that the conditions are met and the travel is in the best interests of the U.S. government. In such cases, the family member(s) should be included on your travel orders and will be eligible for (reduced) per diem

[11] 16 FAM 316.2 (Family Members). 16 FAM 300 (Medical Travel)

domestic location, overseas per diem rates are available here: https://aoprals.state.gov/content.asp?content_id=184&menu_id=78.

You will not be authorized medevac per diem if you travel from the United States to post after 34 weeks gestation.[12] For example, if you become pregnant while assigned to Washington, D.C., then travel to your new, overseas post after 34 weeks gestation, you will not be authorized obstetric medevac from that new post[13].

Additionally, like all employees on travel orders, you are responsible for payment of any expenses deemed ineligible for reimbursement. Be advised that you are expected to comply with the "prudent traveler" rule. If you rent a house or apartment for the duration of your medevac, rent paid should be commensurate with market prices, and your lease or other rental agreement should not be structured for the purpose of taking advantage of the maximum per diem rate. Your voucher could be denied if you spend full per diem on a rental property that would lease for much less than per diem.

Per diem is also authorized for the necessary travel time from post to the medevac site and for travel time back to post following medical clearance.

Per Diem duration: The Department of State's Bureau of Medical Services typically authorizes a total of up to 90 days of per diem for the combined period before and after delivery (up to 45 days before the expected date of delivery and up to 45 days after the delivery) to a birth parent for a medevac to the United States or elsewhere. These timelines are based on airline regulations about when a patient may fly, plus allowing for required newborn and post-partum care prior to returning to post. Airlines typically restrict women from flying in the last six weeks of pregnancy, which is why the birth parent must depart 45 days before the due date. Employees who wish to conserve leave during those 45 days are encouraged to work with their supervisor on potential telework options (see 3 FAH-3 H-117.2), or may elect to deliver in the Washington, D.C. area and find a "bridge" assignment for that period. Bureaus and supervisors are encouraged to support alternate work and telework arrangements whenever possible. OB Medevac per diem generally ends 45 days after the birth, unless there is a documented medical complication in either the mother or the newborn. 45 days of per diem generally allows for required medical follow-up and for securing medical clearances for both the mom and the newborn, independent of the decision to take Parental Leave.

If you are hospitalized for delivery, you will be authorized lodging only (no MI&E) not to exceed 2 days for a non-surgical delivery and not to exceed 3 days for a surgical delivery.

If medical complications require you to be away from post longer than 90 days, MED may authorize up to an additional 90 days of per diem (180 total) based on documentation of the relevant medical condition. If you deliver after your expected due date, and so have spent more than the anticipated 45 days on per diem before the birth, MED/Foreign Programs (MED/FP) will authorize additional pre-

[12] 16 FAM 315.2 (Travel for Obstetrical Care). 16 FAM 300 (Medical Travel)
[13] 16 FAM 315.2

delivery days of per diem when authorizing your return to post at the end of the medevac.[14]

Employees sometimes ask if there is any connection between OB Medevac per diem and their paid parental leave. There is not: they do not affect each other in any way and there is no connection between leave status and OB Medevac status. Because OB Medevac perdiem covers up to 45 days after delivery, it could possibly *overlap* with certain days of paid parental leave, but these two entitlements are separate. For example, employees on OB Medevac may also use sick leave to recover from childbirth, or use annual leave, or leave without pay while in Medevac status and receiving per diem.

Per diem for newborns is authorized at one-half (50 percent) of the applicable local rate, excluding periods of hospitalization.[15]

You may apply at post or in Washington, D.C. for a **travel advance**[16] (up to 80 percent of estimated costs for up to 45 days, after which you may reapply) to cover your initial expenses. Please see section 2.2 for more details. Note that if your baby arrives early, you will not be eligible for the full 90 days of per diem and will have to pay back the appropriate portion of your travel advance when you file your travel voucher.

Per diem will not be extended because of delays in obtaining a birth certificate, passport, visa or other official document for the newborn.

Per diem is not authorized during home leave.[17] Home leave, transfer, curtailment, authorized voluntary evacuation or ordered mandatory evacuation orders supersede all other official travel (including medevac) and travel must occur on such orders.

In the rare instance that your post goes on authorized or ordered departure while you are on medevac orders, you would remain on medevac orders until the orders expire. Following that, you would receive a Subsistence Expense Allowance or another appropriate allowance according to the circumstances.

Pregnancy and Delivery while at FSI: If you have onward orders for an overseas assignment while in training at FSI, you may qualify for medical per diem once you provide a copy of your TM4 and *a medical report from your obstetrician to MED/CP/FP. During the medical per diem period, you must be on approved leave status and removed from FSI per diem.*

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[14] 16 FAM 317.1(c) (Per Diem for Medical Evacuation, Complicated obstetrical care http://arpsdir.a.state.gov/fam/16fam/16fam0310.html and https://fam.state.gov/FAM/16FAM/16FAM0310.html

[15] 16 FAM 317.2 (Per Diem for Newborns) http://arpsdir.a.state.gov/fam/16fam/16fam0310.html

[16] 4 FAM 463.2

[17] 16 FAM 317.4b (Per Diem in Conjunction With Other Travel http://arpsdir.a.state.gov/fam/16fam/16fam0310.html

1.5.2 Continuation of Per Diem While in Training at FSI

Employees who experience a birth, placement of a child for adoption/foster care, serious health condition, or other FMLA events while in long-term training at FSI and who invoke paid parental leave under FMLA will continue to receive per diem during the FMLA period not to exceed 12 weeks. The 14 FAM 574.5.2 has been amended to reflect the new policy which became effective November 19, 2020. Contact your Assignment Officer in CDA to ensure the per diem is included in your orders.

1.5.3 Accompanying Minor Children

Family members incapable of caring for themselves if they remained at post may be authorized to travel with you and should be included in medevac travel orders. EFMs incapable of self-support (as defined in 14 FAM 511.3, and including children) who are listed on the employee's post assignment travel orders, may now travel on a birth parent's medical travel orders even if those EFMs travel at a different time than the birth parent ("non-concurrent travel") . All accompanying children under age 12 are authorized for 50 percent of the adult per diem. Children 12 years old and older are allowed up to 75 percent of your applicable per diem rate.[23] One child will receive 100% lodging for days subject is hospitalized that exceed the 2 days for non-surgical delivery or 3 days for surgical delivery.

1.5.4 New Child EVT (Travel of non-birth parent)

As of April 2021, changes to Emergency Visitation Travel (EVT) in 3 FAM 3746.6 and 3 FAH-1 H-3747 have established a new travel benefit – the New Child EVT. The New Child EVT is available in two situations:

1. A birth parent departs post on OB medevac orders, and the non-birth parent travels on New Child EVT orders to join the birth parent at the medevac location; *or*
2. The birth parent and non-birth parent are in different locations, and the birth parent is not on OB medevac travel orders (*e.g.*, the non-birth parent is at an unaccompanied post and the birth parent is residing in the United States). The New Child EVT traveler may visit the birth parent at the birth location.

Like other categories of EVT, per diem is not authorized. For more information, review 3 FAM 3740 or contact EmergencyVisitationTravel@state.gov.

Note: At As of December 2021 the New Child EVT benefit has been expanded to be available to foreign service employees and their eligible family members who welcome a new child/children into the family, whether through adoption, fostering, or surrogacy More information can be found in 21 State 127800.

1.5.5 Living Quarters Allowance (LQA)

If you take LWOP for more than 30 days at one time, whether at post or away from post, you will not receive LQA while in LWOP status.[18] In this case, allowances will be suspended from the first day of LWOP. You may need to think creatively about your leave structure to protect your LQA. Note: at posts with Government-issued housing, it is not Department of State policy to turn a new mother out of housing when she is on LWOP.

1.5.6 Danger Pay

Danger Pay terminates with close of business the day you depart post for any reason (including medevac) for a post or country/area not designated for the danger pay allowance.

1.5.7 Post Hardship Differential

Post Hardship Differential will continue for up to 42 days after your departure from post for another post or country/area not designated for hardship differential, provided a family member remains at post during that time. Without a family member remaining at post, your hardship differential stops at close of business on the date of departure from post, and resumes starting with the date you return to post.[19] Should you go into LWOP (non-pay) status, your post differential will be suspended for the duration of that status.

1.5.8 Service Need Differential (SND)

The Payroll Service Center in Charleston calculates and disburses Service Need Differential (SND) payments on an annual basis. Calculations will be pro-rated based on reported absences from post of more than 30 calendar days. Absences from post of 30 days or fewer will not impact SND payments. After the allowed 30 days, time away from post will be deducted from the annual lump sum payment on a pro-rated basis.

1.5.9 Cost of Living Allowance (COLA) Allowance

If you are in pay-status, COLA will continue for the first 30 days of your absence from post on medevac orders. If you have no other family members remaining at post, COLA will terminate on the 31st day, then recommence on the date you return to post. If you have other family members remaining at post, the family size will reduce by one member for payment of COLA starting from the 31st day. Note, however, if you are in non-pay (LWOP) status for 14 calendar days or less at any one time, COLA will continue for the first 30 day period uninterrupted; for LWOP periods longer than 14 calendar days, COLA is suspended for you and your family members as of the day you enter non-pay status.

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[18] DSSR 132.2b(2)

[19] https://aoprals.state.gov/content.asp?content_id=262&menu_id=81

1.5.10 Language Incentive Pay (LIP)

When you are away from post for continuous periods of 30 calendar days or less, including temporary duty travel, medical evacuation or combinations of annual leave, sick leave, and Leave Without Pay, Language incentive pay is not affected. Language incentive pay stops on the 31st day away from post and resumes on the date you return to post. Post must notify the payroll servicing office via cable of the above.[20]

1.5.11 Education Allowance

Education allowances continue to be paid out even if you take your children with you on your medevac.

1.5.12 Holidays

If you are on a paid leave status immediately preceding or following a U.S. holiday you do not have to use your own leave during such holiday. If you are on an unpaid leave status (LWOP) you are not authorized paid U.S. holidays.[21] Employees who travel on government-funded travel (this includes a medevac) are not authorized local holidays once they leave the country of assignment, so you will have to use your leave during local holidays at your post of assignment while on a medevac.[22]

1.5.13 Federal Employee Health Benefits plan (FEHBP)

Enrollment in a Federal Employee Health Benefits Plan continues for no more than 365 calendar days when you are in a non-pay status (upon returning to duty after more than 365 days you will have to submit Form DS-5112 to payroll in Charleston).

1.5.14 Layette Shipment/UAB Shipment[23]

A layette shipment is a separate airfreight allowance of up to 250 pounds gross weight for a newborn child or an adopted child of less than five years of age who is an eligible family member of an employee assigned to post (and who has arrived at post). Items shipped in a layette must be directly related to the care and feeding of a child. For example: crib, playpen, infant car seat, high chair, commercial baby food, formula, cloth or disposable diapers, baby clothing, crib or receiving blankets, crib bedding, and similar items. Layette items may not include adult-size furniture, or foodstuffs other than those specifically intended for consumption by an infant.

You are eligible for a layette shipment only when appropriate child equipment is not available at post. Post has to certify that suitable layettes are not available locally. Coordinate with your GTMO at post to request via cable to your GTM/EX HR Technician in the GTM/EX/IDSD (the International/Domestic

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[20] 3 FAM 3914, NOTE 3. 3 FAM 3914, Language Incentive Pay

[21] OPM cites Civilian Personnel Law Manual in Chapter 5, Section B, 9 and 10 http://www.gao.gov/special.pubs/og96006.txt

[22] 3 FAH-1 H-3462 (Local Holidays) 3 FAH-1 H-3462, Local Holidays

[23] 14 FAM 613.4 (Shipment of a Layette, http://arpsdir.a.state.gov/fam/14fam/14fam0610.html

Support Division) that your original travel orders be amended to authorize a layette shipment (note: a layette shipment is not an amendment to medevac orders).

Arrange for pack out and shipment of the layette shipments through the Office of Transportation and Travel (A/LM/OPS/TTM).

Air shipment of the layette can start up to 120 days prior to an expected birth and must occur no later than 60 days after the birth of the child.

4. Before You Leave Post

By the 28th week of your pregnancy, if not sooner, you should know where you will deliver your baby. It is time to obtain your travel orders and fund cite (as noted earlier, some posts may prefer to take these steps earlier).

While you cannot start your travel until medevac and fund cite telegrams have been issued, reservations can be made beforehand. The ticket must be issued with an open return.

You may depart post up to 45 days before the expected delivery date. Medical considerations, however, may dictate an earlier departure from post.

2.1 Travel Orders and Fund Cite

No later than the 30th week of your pregnancy (no later than 4 weeks prior to the estimated departure date): Contact your health unit staff, RMO, or Foreign Service Medical Provider (FSMP) to obtain travel orders and fund cite (the fund cite helps pay for your travel to and per diem at the medevac location). Post is required to send a telegram to MED Foreign Programs (MED/FP) requesting authorization for the medevac. In addition to sending that cable, the health unit will also send a Referral Letter via email to MED/FP.

If you are delivering at an overseas location other than your post of assignment, your post must alert the RMO at the medevac location (who should have already accepted you as a patient to his or her region) of the planned medical evacuation.

Both the cable and the referral letter will include pertinent medical information related to your case, including:

- Date of your Last Menstrual Period (LMP)
- Due Date or Estimated Date of Delivery (EDC; you may need to provide the date of your first ultrasound to help support this date)
- Medevac Destination (city, state/country)
- Contact phone number, email
- Name and phone number of the attending obstetrician

- Name of hospital and city where delivery is expected
- Health insurance plan with enrollment code and ID number
- Date of departure from post
- Children accompanying on medevac (names, dates of birth)
- Eligibility for home leave or Permanent Change of Station (PCS) transfer orders

MED will reply to the request cable with:

1. A MED CHANNEL telegram authorizing the medevac. Medevac authorization telegrams contain other important instructions on administrative matters. Employees are urged to review these cables carefully and to seek clarification promptly when they have questions.

2. A MED CHANNEL telegram (funding cable) providing a fund cite for medical travel for State employees or their family members. The telegram and fund cite will be shared with appropriate staff in the financial management office. The telegram contains information about how much money has been obligated for your medical travel and per diem, guidance on how to submit claims for reimbursement, recovering medical insurance benefits, and consequences of failure to comply.[24]

2.2 Travel Advance

Before leaving for your medevac, you can apply for an advance of per diem through your post's Financial Management Office (FMO) using a copy of your fiscal data cable (the funding cable) issued by MED/FP. You may also apply for an advance upon your arrival in Washington, D.C. If you travel on medevac to any location other than Washington, D.C., including an overseas medevac location, you will not be able to apply for an advance once you depart post.

Birth parent and dependent minor children are eligible for travel advance of 80 percent of per diem, transferred electronically to the employee's account. The total amount advanced may not exceed 80 percent of the estimated expenses for more than 45 calendar days of travel status.[25]

2.3 Approximately 2 Weeks Prior to Departure

If you are delivering at an overseas location, schedule a meeting with the medevac post's health unit and, if appropriate, with the RSO (especially if you plan to work on a TDY while at your medevac location). Schedule an appointment with your receiving obstetrician/hospital where you plan to deliver. Inquire whether there are any specific requirements for issuing a local birth certificate.

[24] 4 FAM 445.6 (Recovering Medical Insurance Benefits– Post Collection and Remittance; http://arpsdir.a.state.gov/fam/04fam/04fam0440.html

[25] 4 FAH-3 H-463.1-4 (Travel and Travel Advances), http://arpsdir.a.state.gov/fam/04fah03/04fah030460.html

2.4 Approximately 1 Week Prior to Departure

You must obtain a letter from your doctor or the health unit for the airline certifying that you are medically fit for travel by commercial airline.

4. Travel/Arrival at Your Medevac Location

Post should issue you (and your minor children if applicable) unrestricted ticket/tickets with open return.

While MED will send some of the following documents to you after you arrive at medevac point, it is a good idea to travel with your **own** copies:

- Name and contact information of your GTM/EX HR Technician.
- Medical records pertaining to the pregnancy, in English, including test results and prenatal care.
- Health insurance information (after birth, don't forget to add your newborn to your health insurance policy!)
- If delivering at an overseas location, it is a good idea to also include:
  - Blank Form OF-126 (Foreign Service Residence and Dependency Report).
  - Blank Form DS-11 (Application for U.S. Passport – the same for both the diplomatic and regular passport).
  - Blank Form DS-2029 (Application for a Consular Report of Birth of a U.S. Citizen Abroad).
  - Letter of Authorization for Medical Services (3067) issued by post.
  - Contact information for the American Citizen Services (ACS) unit chief at the Consular Section at your medevac location.
  - Blank Form DS-3053 if both parents will not be together with the baby at the time they apply for passport(s) on the baby's behalf.

3.1 Immediately After Arrival

After arrival at your authorized medevac location, birth parent must immediately contact the OB Medevac Coordinator at 202.663.1662 or email MedForeignPrograms@state.gov.

3.2 Supplemental Voucher

Thirty or Forty-Five (30 or 45) days after arrival: If you applied for travel advance for the full first 45 calendar days, you may submit a supplemental voucher (Form OF-261, Travel Advance Application, Voucher, and Account) after the first 45 days for the remaining 45 calendar days (if you applied for travel advance for less than 45 days, e.g. for 30 days, you may submit a supplemental voucher after those days have passed).[26]

[26] 4 FAH-3 H-463.1-4 (Travel and Travel Advances), http://arpsdir.a.state.gov/fam/04fah03/04fah030460.html

4. Baby Is Here!

Congratulations on the arrival of your bundle of joy!! Now, while you are recovering and taking care of your baby, there are several things you will also have to take care of before you can return to your post.

4.1 Immediately After birth

Contact the OB Medevac Coordinator at 202.663.1662 or email MedForeignPrograms@state.gov to provide information on the birth of your child to begin the medical clearance process.

4.2 Documentation Needed before Returning to Post

4.2.1 Birth Certificate

You must obtain an official birth certificate issued by the hospital, or a local government entity. Hospitals typically start the paperwork for the birth certificate, but be **sure you verify with the hospital that they have requested expedited issuance of your child's birth certificate.** If the hospital cannot initiate the process to expedite issuance, they should be able to tell you which office in the local government to contact. For example, in the Commonwealth of Virginia, you may now apply for the birth certificate at the DMV.

If your baby's birth certificate is entirely in a foreign language, you must obtain an English translation. GTM/EX/IDSD will NOT add your baby to your travel profile based on a foreign language birth certificate. English translations are also often required by health providers when adding new dependents on to FEHB policies. English translations should be prepared by third parties and notarized by the ACS Unit of post's Consular Section.

NOTE: GTM/EX/IDSD will accept a Consular Report of Birth Abroad (CRBA). See 4.2.2 below

Try to obtain at least two copies of the birth certificate, as one will have to be submitted with your baby's passport application and you will need another copy for yourself.

For Domestic Delivery: Once you have the birth certificate, apply immediately for the child's diplomatic passport. Please visit travel.state.gov/sia for guidance on applying for a diplomatic passport. The website is only accessible from a government workstation or virtual access. If you are unable to access the site, email CA-PPT-SIA-PASSPORTS@state.gov.

Once you have the birth certificate, apply immediately for the child's diplomatic passport at a passport application acceptance facility near you (e.g., Passport Agency, certain post offices, Special Issuance Agency in D.C., etc.).

For Overseas Delivery: Once you have the birth certificate, apply immediately for a Consular Report of Birth Abroad of a U.S. citizen (CRBA) to begin the process of adding your new baby as a dependent. (See 4.2.2 for further details.)

4.2.2 Consular Report of Birth Abroad (CRBA)

In addition to the birth certificate, if your baby is born abroad, you should seek a CRBA. The CRBA is not a birth certificate; rather, it is the U.S. record of the birth abroad of a U.S. citizen. Under U.S. law, the CRBA is proof of U.S. citizenship. It is issued by the U.S. Embassy or Consulate where the baby was born. Note: In many countries, the ACS Unit has an appointment system for taking CRBA applications. Check with the ACS Unit at the applicable post about its scheduling requirements BEFORE the child is born. More information about the CRBA process is available at: https://travel.state.gov/content/travel/en/international-travel/while-abroad/birth-abroad.html.

4.2.3 Adding the new baby as a dependent

You must add your newborn as a dependent before you can apply for the new baby's passport. To do this, submit Form OF-126 (Foreign Service Residence and Dependency Report), along **with either a birth certificate (translated into English, if applicable) OR the Consular Report of Birth Abroad** to your HR Technician in GTM/EX/IDSD through one of the following methods:

If you have OpenNet access, go to "GEMS Self-Service" via GTM Online/GTM Portal, click the OF-126 link and either "Submit a New Form" (if you have never submitted an on-line OF-126) or click "View Previous" to make changes to a previously submitted on-line OF-126.

If you don't have OpenNet access, you can submit a paper copy of Form OF-126 and fax it to GTM/EX/IDSD (202-453-8265)) or email a scanned copy to the GTM/EX HR Technician collective GTM-EX-IDSD@state.gov). You should also email a copy directly to your specific HR Technician in case he or she doesn't receive it via the collective address).

4.2.4 Baby's Passport

Your baby must have the same type of passport (diplomatic or official) as the employee.

Additional per diem will not be authorized due to delays in passport processing. However, the processing of diplomatic passport applications from overseas is usually expedited.

The electronic Request for Passport Services (eRPS): After your GTM/EX Assignment Technician has received a copy of the birth certificate or CRBA along with your updated OF-126, your travel profile will be amended in GEMs. The Technician will then generate the eRPS, approximately a two-day process, and will email it (or, if you prefer, will fax it) to you for submission with the application for an official or diplomatic passport. **You must follow up with your GTM/EX Assignment Technician to ensure prompt**

receipt of the eRPS. It helps to keep in daily contact to make sure this time-sensitive request is processed quickly. Be persistent, but please remember that Assignment Techs have thousands of clients.

Don't wait to receive your baby's social security number before applying for the passport. The passport application can be submitted without a social security number. Parents may submit an affidavit with the passport application stating that the baby has not yet been issued a social security number.

Complete your baby's passport application package and submit it following the guidance at travel.state.gov/sia. The website is only accessible from a government workstation or virtual access. If you are unable to access the site, email CA-PPT-SIA-PASSPORTS@state.gov. The baby and both parents must be present when applying for a passport. If both parents are not able to be present, then the absent parent must submit notarized, written consent on the Form DS-3053, Statement of Consent: Issuance of a Passport to a Minor Under Age 16, with a copy of the absent parent's identification (front and back) giving permission to the parent who is present to apply for the child.

If you submit the application at a non-Department of State passport application acceptance facility, the facility ill charge a fee. You may voucher this expense upon return to post with a proper receipt.

4.2.5 Baby's Visa:

If you deliver in the United States, you may need to get a visa for your infant prior to returning to post. Once you receive your child's diplomatic passport, sign it and follow the guidance on applying for a visa on travel.state.gov/sia. The website is only accessible from a government workstation or virtual access. If you are unable to access the site, email CA-PPT-SIA-VISA-UNIT@state.gov.

If you deliver **overseas** and your baby was born in your country of assignment, you should work through Post's Management Section to determine how to obtain the proper host country visa/residency permit.

If the baby was born in a **third country**, the Management Section in your country of assignment should consult with the Management Section in the country of birth to determine if the country of assignment will require the child to have a visa, and if the required visa can be obtained in the birth country.

If a visa is required, but cannot be obtained overseas, you should follow the guidance on visa applications for babies born in the United States (above).

4.2.6 Medical Clearances (4 weeks after birth):

MED cannot medically clear the baby of a State Department employee until the GTM/EX HR Technician receives a new Form OF-126 (Foreign Service Residence and Dependency Report) and enters the infant into the system. This enrolls the new baby as an eligible family member (EFM) in the State Department Medical Program.

A medical clearance may be granted after your obstetrician and the baby's pediatrician provide MED/FP (telephone: 202-663-1662) with necessary medical information to accomplish the clearance action.

The pediatrician must fully complete Form *DS-1622, Medical* History and Examination for Foreign Service for Children Under 11 Years. This must be done when your baby is a minimum of four weeks of age. The appointment should be scheduled as close as possible to your baby's four-week birthday, but not before. Your obstetrician must complete the ACOG postpartum form. This is the American College of Obstetrics and Gynecology postpartum (post-delivery) exam form to be completed by the provider 4-6 weeks after delivery.

This is typically done at the birth parent's 4 to 6-week post-partum check-up, but your obstetrician will determine when you should have this appointment.

The completed forms must be faxed to MED/FP at 202-663-3247, or they can be emailed to MedForeignPrograms@state.gov (flagged for OB Medevac Coordinators). Once your baby is medically cleared, MED/FP will notify your GTM/EX HR Technician, who can then amend your travel orders to include your baby.

If you do not have access to OpenNet, you may contact your GTM/EX HR Technician, provide the Technician with a personal email address, and a copy of the travel authorization will be sent to you.

There may be circumstances in which your medical clearance changes after childbirth. Make sure to keep your post Management Officer informed if you anticipate a clearance change and remember that you may not travel back to post until your clearance is reinstated.

4.2.7 Airline Tickets for Travel Back to Post:

Your baby may not travel as a lap child. Each child requires an airline ticket to return to post unless you are assigned less than 50 miles from your medevac location (e.g., in Tijuana, and your baby was born in San Diego, which is 25 miles away; or in Bratislava, and your baby was born in Vienna, which is 42 miles away). Travel back to post is authorized for your baby on your amended PCS orders (the baby does not travel on medevac orders).

Your travel back to post (and that of dependent children included on the original medevac) is authorized by MED/FP after receipt of the delivery medical report summary and an ACOG Postnatal Form. This form is normally completed by the delivering physician.

Travel to post may take place only after medical clearances have been issued by MED Foreign Programs and after the GTM/EX HR Technician has provided you a copy of the amended PCS travel orders.

You must send a copy of the amended travel orders to the Travel Management Center (TMC), CWT/SATO Travel via email at DOSTA@cwtsatotravel.com to receive airline tickets. You may then call

the Travel Management Center (TMC) (1-866-654-5593) in the Harry S Truman Building (HST) for reservations for yourself and your baby. The TMC will notify you via your email on record when the airline tickets are electronically issued. Be aware that many airlines require that the infant be on the same reservation as an accompanying adult.

MED will not clear infants to return to post before 4 weeks after the birth and strongly recommends air travel be postponed until 6 weeks of age.

4.2.8 Adding Baby to Your Health Benefits (within 60 days after birth):

SF-2809 Health Benefits Registration Form: If you already have 'Self and Family' coverage, you do not need to complete a new Health Benefits Election Form (SF 2809). You must contact your health plan directly to inform them of the new family member. If you have a Self Plus One enrollment the addition of a new eligible family member does not allow you to switch your covered family member.

You may increase enrollment to Self and Family in order to cover all of your eligible family members. If you have 'Self' only coverage or Self Plus One coverage you must submit SF-2809 to GTM to change from 'Self' or Self Plus One to 'Self and Family' **between 31 days prior through 60 days after** the birth together with proof such as a birth certificate. If the birth certificate is entirely in a foreign language, an official translation into English will be required. Please note the filing deadline. If an SF-2809 is not submitted on time, you have to wait until the next Federal Benefits Open Season to make the change.

5. Back At Post

5.1 Travel Vouchers

- You must keep track of your travel voucher expenses.
- Receipts are required without exception for lodging, and for all allowable cash expenditures in excess of 75 U.S. Dollars.
- Receipts for lodging should be broken down in 30-day increments. Discuss with your FMO at post how to submit a voucher and what documentation is required (lease agreement, monthly bills, etc.). Make sure you plan ahead as you likely will not see reimbursement right away.
- Your medevac travel orders will authorize taxi service in connection with travel to/from medical appointments.
- Vouchers must be completed and submitted within seven workdays[33] following completion of travel. Completed vouchers should be submitted to the section that handles travel vouchers (generally the FMO). Consult with MED if you want to submit an interim voucher after the first 30 days.
- Within 10 workdays of receipt of the completed travel voucher, post is requested to report to MED/EX the dollar amount of transportation, per diem, taxi, and miscellaneous expenses claimed on the voucher.

5.2 Adding Your Baby to Your Post's Benefits/Beneficiary Forms/Tax Withholdings

Once your new baby arrives at post, you should complete the SF-1190. Allowances form and submit to your HR office to ensure your post allowance is adjusted appropriately.

As childbirth is a qualifying life event, you may also change your designation of beneficiary forms:

- SF-2823 FEGLI Designation of Beneficiary
- SF-5002 Designation of Beneficiary – Foreign Service Retirement System
- TSP-3 Designation of Beneficiary for THRIFT Savings Plan
- SF-1152 Designation of Beneficiary for Unpaid Compensation (Salary or Leave)

If you decide to complete or update any of the designation of beneficiary forms, submit the completed form(s) to the GTMO, who will forward them to the State Department. These forms are available at mydata portal Forms or at http://www.opm.gov/forms

*Y*ou may also choose to change your withholdings for Federal/State taxes. This can be done in Employee Express.

5.3 Lactation Rooms and Support

If you have time, you may want to familiarize yourself with the location of your lactation facilities at your post of assignment prior to departure on medevac. This knowledge will help ease your transition upon your return.

Per the Department of State's Lactation Policy,[34] the Department of State supports the practice of providing nursing mothers with a reasonable break time to express breast milk for the employee's nursing child for one year after the child's birth each time such an employee has the need to express milk. Supervisors should make every effort to accommodate these breaks in accordance with this policy. Employees should also be provided with a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public that may be used to express breast milk.

Many employees do not have a personal office to use and will require a dedicated space for lactation purposes. If your post does not have a lactation room, prior to your medevac you may wish to work with the GTMO, GSO, or Management Office to identify and establish a room that meets lactation room requirements.

Your health insurance may cover lactation assistance through use of certified lactation consultants, at least during the time you remain in the United States after childbirth for those delivering in the United States. There are many great resources to assist you physically or emotionally if you feel challenged by nursing in any regard. In Washington, these include a monthly breastfeeding peer support group at HST, resources (e.g., shared hospital grade pump, starter kits, lending library, etc.) available in some lactation

rooms. WorkLife4You program can provide you with referrals to a network of providers across the United States for lactation consultants and breastfeeding classes.

That concludes Part 1 of our Guide. We hope it has been helpful to new parents in bringing your new baby into the State Department bureaucracy!

APPENDIX I: Who Do I Contact When…

I learn I am pregnant (at post):

Notify your post Health Unit (HU) or Regional Medical Officer (RMO), enabling early counseling and arrangements for prenatal care overseas. You may also want to talk to your supervisor early on to approve your leave and provide enough time to find a TDY, if appropriate.

My assignment or training schedule may be affected by childbirth:

Contact your CDO.

I need a reasonable accommodation:

A pregnant employee may be entitled to a reasonable accommodation under some circumstances. Contact the Disabilities and Reasonable Accommodations Division (GTM/ER/DRAD) at (202) 261-8163 or ReasonableAccommodations@state.gov.

I have questions regarding Shared Leave (VLTP and VLBP):

Email VLB-VLTPrograms@state.gov.

I have questions regarding per diem during medevac (lodging, M&Ies):

Contact your post Finance Office (FMO). After your post Health Unit determines your travel dates (based on your due date), your FMO should be able to help you calculate your per diem.

I need to organize my travel (book tickets, lodging, etc.):

Airline tickets: Once your medevac is approved by MED, contact your post's FMO or travel assistant to book your airline ticket.

Lodging: Unless you are delivering overseas at a medevac center (see below), you will need to organize your own lodging. You may stay in a hotel or, if you would prefer to rent a house or apartment, potential resources include AirBnB, HomeAway, VRBO, or other online lodging search sites. If you choose to rent a place, make an effort to negotiate a flexible lease with the owner (in case your per diem ends sooner than originally anticipated), and make sure the total lease amount fits within your authorized per diem amount and the rent paid does not excessively exceed market value for the property.

If you will deliver your baby at an overseas medevac center, contact the medevac center's health unit which should connect you with someone at post responsible for lodging during medevac.

I want to apply for a travel advance:

Contact your post's FMO.

I arrive at my authorized medevac location:

Contact MED Foreign Programs (MED/FP) at 202-663-1662 or 1-888-878-3962, or by email to MedForeignPrograms@state.gov.

I need to send birth statistics to MED:

Contact MED Foreign Programs (MED/FP) at 202-663-1662 or 1-888-878-3962, or by email to MedForeignPrograms@state.gov.

I need to add my newborn to my dependency report and my travel orders:

Contact your GTM/EX HR Technician. They are located in Room 4250, SA-3 (2121 Virginia Avenue, NW, Washington, DC 20037); phone: 202-663-0405; fax: 202-663-0449; email: GTM-EX-ASU@state.gov).

My HR Technician does not respond to my requests to add my newborn to my dependency report and my travel orders:

If you are in the Washington, D.C. area, a visit to your HR Tech's office may help expedite things if you have not received a response to emails or phone calls after a couple of days. Check the Global Address List in Outlook to see where your Tech's office is located. If you are not in the D.C. area, daily phone or email contact is recommended, politely highlighting the time-sensitive nature of your request. Be pleasantly persistent, but please bear in mind that HR Techs have thousands of clients. If you are within 10 days of travel and still have not received the amended orders, contact GTM/EX Deputy Director Theresa Renner at RennerTA@state.gov and ask for assistance.

I need to apply for a passport for my newborn:

If you are in the United States, locate the closest Passport Agency or passport application acceptance facility to your medevac location. If you are in the D.C. area, you can hand-deliver the application to the Special Issuance Agency.

If you are overseas, contact the consular section at the U.S. Embassy where your child was born, specifically the American Citizen Services unit (ACS).

You will need to submit the application form; the no-fee passport letter (for diplomatic and official passports, the letter is provided by MED after you notify them of your arrival to medevac point); the DS-1604 (provided by HR Tech after you add your infant to your dependency report); your infant's birth certificate; and a suitable photo. Both parents and the baby will need to appear in person when submitting the application. If one parent cannot attend, a notarized form DS-3053 will be required.

I want to arrange a layette shipment:

Work with your HRO or MO at post to send in a cable that certifies that suitable layettes are not available locally. This cable should be submitted to your GTM/EX HR Technician (GTM/EX/International Domestic Support Division) requesting that your original travel orders be amended to authorize a layette shipment.

Arrange pack out and shipment through the office of transportation and travel (A/LM/OPS/TTM): tel.: 202-663-0891/0892 or 800-424-2947; fax: 202-663-0967); email: TransportationQuery@state.gov.

I arrive back at post and need to submit my travel voucher:

Contact your FMO.

I **have questions about reimbursement of my medical bills or a status of a submitted bill:**

Contact Medical Claims: tel. 202-663-1886; email: MEDCLAIMS@state.gov **.**

APPENDIX 2: Timeline Cheat Sheet

- **Early on** in your pregnancy: Notify post health unit or Regional Medical Officer (RMO).
- Before 18 weeks: Prenatal screening recommended between 10-23 weeks and at 18-22 weeks gestation.
- **28 – 30 weeks**: Obtain travel orders; travel fund cite; and copies of authorizing cable and budget cable from post health unit.
- Travel Reservations: Reserve tickets, lodging (possible before you receive your travel orders).
- Apply for Travel Advance.
- Obtain a Letter of Authorization for Medical Services (DS-3067) and a letter from your doctor or health unit for the airline that certifies you are fit for travel.
- Collect all necessary information and documents to take with you.
- Immediately after arrival at medevac point, telephone MED Foreign Programs.
- **30 or 45 days after arrival**: If you applied for travel advance at post, submit a supplemental voucher through post.
- **Immediately after birth**: Contact MED/FP to provide the baby's birth stats. This medical information will be used for comparison to the one month physical exam, to assess the baby's growth, and to issue medical clearance.
- Obtain Birth Certificate as soon as possible after birth.
- Add the new baby as a dependent as soon as possible after birth by submitting Form OF-126 and either the hospital statement of birth or birth certificate; send a copy of the updated OF-126 to MED/Medical Records.
- If you deliver your baby overseas, obtain Consular Report of Birth Abroad (CRBA) at the local consulate section.
- Apply for passport domestically at SIA, Passport Agency, or other authorized passport application acceptance facility; or overseas at the local U.S. Consulate Section.
- Obtain visa for your newborn if necessary.
- **4 weeks after birth**: Submit DS-1622 (medical clearance for your newborn) −to MED Foreign Programs. MED/FP will notify your travel tech that your newborn is medically cleared and to amend your travel orders and add your newborn.
- **4 to 6 weeks after birth**: Submit ACOG (postpartum exam form for you) to MED/FP to reinstate your clearance
- Send a copy of the amended travel orders to the Travel Management Center (TMC) or post travel unit, CWT/SATO Travel via email at DOSTA@cwtsatotravel.com to acquire airline tickets.
- **Within 7 days after return to post**: File your Travel Vouchers with FMO.

APPENDIX 3: Calculating Per Diem + Example

Your medevac fund cite cable authorizing your medical evacuation travel for obstetrical care will state the maximum total amount (both lodging and M&IE) you and your minor child/children are authorized to use during your medevac (note that this amount may change based on the exact arrival date of your baby).

If you need to estimate your maximum per diem for your medevac before you receive your authorization cable, you will need to find the current per diem rates (both lodging and M&IE) in your medevac location. Note that CONUS lodging rates may vary month to month. Per diem rates in the continental United States ("CONUS Rates"), including Washington, D.C., are available here: http://www.gsa.gov/portal/category/100120 .

Once you know your maximum daily per diem rate in a given month, you can calculate your maximum allowance for the 90-day period based on the number of travelers (are you travelling alone or with a minor child or children?), the number of days of medevac in a given month, days spent in a hospital (you generally do not receive per diem while you and your newborn are hospitalized), and the exact birthday of your newborn.

Example

Assume you are travelling with one minor child (who qualifies for 50 percent of an adult rate); your new baby is born on March 5; you leave your current post on January 21st and return on April 20th; and spend 3 days in a hospital (during which only your minor child receives per diem). The maximum per diem rate is calculated in the following way:

Month	# Persons	# Days	Lodging Rate Per Day	Lodging Per Day	Total Lodging	M&IE Rate Per Day	M&IE Per Day	Total M&IE	Total Per Diem
January 21-31	1.5	11	$177.0	$265.5	$2,920.5	$71.0	$106.50	$1,171.50	
February 1-28	1.5	28	$177.0	$265.5	$7,434.0	$71.0	$106.50	$2,982.00	
March 1-5	1.5	5	$229.0	$343.5	$1,717.5	$71.0	$106.50	$532.50	
March 6-8	0.5	3	$229.0	$114.5	$343.5	$71.0	$35.50	$106.50	
March 9-31	2	23	$229.0	$458.0	$10,534.0	$71.0	$142.00	$3,266.00	

April	2	20	$229.0	$458.0	$9,618.0	$71.0	$142.00	$2,840.00	
Total		**90**			**$32,109.5**			**$10,898.50**	**$43,008.00**

This means that if your baby arrives on March 5, you will be authorized to receive per diem of $10,898.50 for M&IE without any receipts, and use up to $32,109.50 for lodging that will require receipts. If you sign a lease for a house or apartment to use during the medevac period, cost of lodging should not excessively exceed market rates for temporary rentals.

Appendix 4: Quick List of Forms Relevant to Obstetric Medevac

Form Number	Form Name	Where to Find/Who Issues the Form	Purpose of Form
DS-3067	Letter of Authorization for Medical Services	**MED will issue after you** notify them that you have arrived in the U.S. for medevac	Authorizes DOS to act as secondary payer for hospitalization-related expenses
JF-55	Request and Voucher for Advance of Pay	myapps.servicenowservices.com on the Department of State intranet and/or your FMO	This is the means by which you can both request an advance of per diem prior to going on medevac and also voucher expenses upon return to post
OF-126	Foreign Service Residence and Dependency Report	GEMS Self-Service or MED also includes a copy in the packet they send after your arrival at medevac location myapps.servicenowservices.com	Adds newborn as a dependent of Department of State employee, must be submitted before passport application can be submitted
DS-1640	Request for Passport Services	GTM HR Tech issues this after the OF-126 is processed myapps.servicenowservices.com	Required for processing official and diplomatic passport applications, must be submitted with that application
DS-11	Passport Application	Can be found on travel.state.gov, or MED includes a copy in the packet they send	Required to obtain infant's civilian and official passports

		after you arrive at your medevac location	
DS-3053	Statement of Consent or Special Circumstances: Issuance of a Passport to a Minor under Age 16	Can be found on travel.state.gov, or MED includes a copy in the packet they send after you arrive at your medevac location	Required if both parents are not able to personally appear when submitting passport application. A copy of the non-appearing parent's official ID will also be needed.
DS-1622	Medical History and Exam for Foreign Service for Children under Age 11	**MED includes a copy** in the packet they send after you arrive at your medevac location	Required to issue child's medical clearance. Your newborn's pediatrician will fill this out at infant's four-week birthday. Child cannot be added to travel orders without valid, current medical clearance.
	ACOG post-partum form	**MED includes a copy in** the packet they send after you arrive at your medevac location	Required to reinstate birth parent's medical clearance. OB completes form at final post-partum exam, usually 4-6 weeks after birth (doctor determines when this exam should take place).

APPENDIX 5: Useful Sites for Regulations Related to OB Medevac and Leave

The Family and Medical Leave Act of 1993 (FMLA) and Paid Parental Leave
3 FAM 3530 FMLA and Paid Parental Leave

Resources provided by MED:
http://med.m.state.sbu/clinicalservices/foreignprograms/default.aspx

PART TWO

ADOPTION/SURROGACY AND FOSTER CARE GUIDE

ADOPTION/SURROGACY and FOSTER CARE GUIDE

Congratulations on the new addition to your family! This section of our New Parent Guide is for all State Department Civil and Foreign Service employees, domestic and overseas, considering or currently in the process of adopting or fostering a child. **This edition incorporates the new paid parental provisions under the Family Medical Leave Act (FMLA) which became effective October 1, 2020 and replaces the previous Adoption Guide published in September 2016.** (3 FAM 3530 FMLA)

Adoption is defined as: a legal process in which an individual becomes the legal parent of another's child. The source of an adopted child, e.g., whether from a licensed placement agency or otherwise – is not a factor in determining eligibility for leave (3 FAM 3531.5).

Please note: for the purposes of this guidance document, employees growing their families via **surrogacy** will be subject to the same processes, entitlements, and requirements as adoption of a non-biological child. For ease of reference, the term adoption is used throughout the Guide to refer to growth of a family though surrogacy as well.

Foster care is defined as: providing 24-hour care for children in substitution for, and away from, their parents or guardian. Such placement is made by or with the agreement of the State or relevant authority as a result of a voluntary agreement by the parent or guardian that the child be removed from the home, or pursuant to a judicial determination of the necessity for foster care, and involved agreement between the State and foster family to take the child. Although foster care may be with relatives of the child, State action is involved in the removal of the child from parental custody. (3 FAM 3531.5)

This Guide endeavors to support you through your adoption and foster care experience. It addresses topics such as types of leave available during and after the adoption process, potential leave-saving options, adopting overseas and steps to take once your child is home. It also offers links to additional resources.

We hope this Guide helps you make informed decisions about the various options available to you, as a State Department employee, when you grow your family through adoption or foster care.

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APPENDIX I: Who Do I Contact When…
APPENDIX II: Useful Websites and Links

1. You're Adopting/Fostering a Child - Congratulations!

As you begin your adoption or foster care journey, you will likely have a number of questions: What types of leave are available to me and when should I use them? How does the paid parental leave under FMLA work for adoptive parents? Is it really true that I cannot use sick leave to bond with my adopted child? What type of workplace flexibilities are available so I can have more time to bond with my adopted child? How can I obtain a diplomatic passport for my adopted child? These questions, and more, will be addressed in this Guide and/or in the noted resources.

A Few Key Definitions

For FMLA purposes, a "parent" means a biological parent or an individual who stands or stood *in loco parentis* to a son or daughter. "Son or daughter" is defined to mean a biological, adopted, or foster child, a step child, a legal ward, or a child of a person standing *in loco parentis* where the son or daughter is either under 18 years of age or incapable of self-care because of a mental or physical disability. "*In loco parentis"* refers to the situation of an individual who has day-to-day responsibility for the care and financial support of a child and where a biological or legal relationship is not necessary. If you will stand *in loco parentis* to a child, you are considered a parent for FMLA purposes and are entitled to use FMLA leave to bond with or care for the child, even if you are not the child's biological parent.

Let's Begin with Types of Leave Available[27]

1.1 Paid and Unpaid Parental Leave under the Family Medical Leave Act (FMLA)

Effective October 1, 2020, State Department employees who are eligible for FMLA are also eligible for paid parental leave under FMLA for the birth of a child or adoption or foster care placement on or after October 1, 2020. Please review 3 FAM 3530 carefully (revised in September 2020) to incorporate the provisions of paid parental leave. In short, there are now two kinds of FMLA: **unpaid** and **paid.**

The original **unpaid** Family Medical Leave Act (FMLA) still exists which allows you to take up to 12 weeks of unpaid leave within a 12 calendar month period for the birth, adoption, or foster care placement of your son or daughter, the care of a family member who has a serious health condition, or for your own serious health condition. Supervisors may not refuse leave requests filed under FMLA, as long as proper medical documentation is submitted.

Up to twelve weeks of **unpaid** FMLA leave may be used before the date of placement in which the employee must be absent to engage in activities necessary to allow an anticipated adoption or a foster care arrangement to proceed. (3 FAM 3532.1 e. (2) These include: appointments with adoption agencies, social workers and attorneys; court proceedings; required travel; any periods of time during which an employee is ordered or required by the adoption agency or the court to take time off from work to care for the adopted child; and any other activities necessary to allow the adoption to proceed.

27. For additional information, refer to the guidance in 3 FAM 3530 (Family and Medical Leave Act of 1993); 3 FAM 3420 and 3 FAH-1 H-3420 (Sick Leave); 3 FAM 3410 and 3 FAH-1 H-3410 (Annual Leave); 3 FAM 3340 (Shared Voluntary Leave Programs); and 3 FAM 3510 and 3 FAH 3510 (Leave without Pay

(3 FAM 3423 a. 6).

The new **paid** parental leave provisions under FMLA allow employees to "substitute" a maximum of 12 weeks of paid leave for unpaid for adoptions and foster care placements. This benefit extends to both parents who have adopted the child. **Please note that if only one parent adopts the child, the other parent who is not listed as the legally adoptive parent is NOT entitled to paid parental leave.**

Please be aware that you are eligible for a maximum of 12 weeks paid/unpaid leave under FMLA within 12 calendar months. In other words, if you invoke unpaid FMLA before final adoption/placement, that period of time will be subtracted from your overall 12 week paid entitlement (See examples below). Eligibility for paid parental leave begins when final adoption agency documentation confirming the placement and date of placement or adoptive placement agreement is received. **This is the required documentation needed when requesting paid parental leave. Paid parental leave cannot be invoked until the child is placed into your care.**

Surrogacy: Some employees may wish to grow their families through surrogacy arrangements. An employee who does so would be entitled to paid parental leave as a result of their acquiring legal rights over the child (however that is accomplished in the relevant state). Therefore, the process for requesting PPL for surrogacy would mirror that of adoption. **An employee who is the surrogate and surrenders the child would not get paid parental leave because paid parental leave is based upon the relationship and care of the child after birth.**

Paid parental leave expires either at the one year anniversary of your child's legal adoption/foster care placement or one year after the first invocation of FMLA – whichever comes first.

Here are examples of possible scenarios:

***Example 1**: Aisha and her husband are a State Department tandem couple who adopted a child on October 31, 2020, and have the legal documentation. Since they did not invoke a FMLA entitlement in the last 12 months, both Aisha and her husband invoke FMLA on October 31 and are eligible for 12 weeks of paid parental leave.*

***Example 2:** Emma did not have any accrued personal leave available when going through the adoption process, so she elected to invoke unpaid FMLA to cover absences to meet with adoption agency officials and lawyers before her daughter was placed into her care. She used 4 weeks of unpaid FMLA during that time. Once Emma's daughter was placed into her care, she requested to substitute paid parental leave for the remaining 8 weeks of her FMLA entitlement; because she already took 4 weeks of FMLA within the same 12 month period she is not able to use a full 12 weeks of paid parental leave.*

***Example 3**: Anita and her husband became foster care parents of a special needs child. Anita's entitlement to paid parental leave under the FMLA began when the child was placed into her care; however, Anita decided to first take 4 weeks of accrued sick leave to care for her child's medical needs. After 4 weeks of sick leave, Anita invoked the FMLA and substituted 12 weeks of paid parental leave.*

Example 4: *George and his husband adopted a son on May 1, 2021. In connection with the placement of his son, George invoked 12 weeks of paid parental leave under FMLA, which he must use by April 30, 2022. On October 15, 2021, George and his husband adopted another son. Since George used his 12 week maximum entitlement for the first adoption, he is not eligible to invoke FMLA again until May 1, 2022 – 12 calendar months from the start of his first FMLA event. On May 1, 2022, George invokes FMLA for his second adoption and substitutes 12 weeks of paid parental leave. George's entitlement to PPL in connection with the second adoption ends on October 14, 2022 – one year after his second adopted child was placed into his care.*

1.1.1 Applying for Paid Parental Leave

You must apply to receive paid parental leave. A thirty (30) day notice is required whenever possible; otherwise notice is required as soon as possible. You can start the process BEFORE adoption/placement process – but PPL won't begin until the actual day when the child (adopted or foster) is physically placed into your care.

Required forms:

- Form *DS-1923* to invoke FMLA
- Form *DS-5154*, *Work Obligation Agreement* where you attest to your intention to return to work at the State Department for 12 weeks at the conclusion of your paid parental leave period
- Form DS-5155, *Request for Paid Parental Leave (PPL)*

Required Process:

- Complete and submit all three forms to your supervisor for his/her review. Your supervisor will approve the DS-1923 and the DS-5155.
- The DS-5154 *Work Obligation Statement* is not signed by your supervisor, but is required as supporting documentation.
- Provide a copy of the legally binding adoption agency documentation confirming the placement and date of placement or the adoptive placement agreement. Documentation should be provided as soon as possible, but no later than 15 calendar days after the supervisor's original request.
- New procedure effective April 19, 2021: After your bureau executive director approves your request for paid parental leave, your bureau HR Office will send a copy of the approved DS-1923 and DS-5155 to CGFS PAYINTAKE@state.gov This will enable payroll operations in CGFS to open a "PPL account" for you so your PPL is reported properly. It is essential that employees give as much advance notice as possible regarding their plans to invoke PPL under FMLA. We realize the dates may be imprecise, but the important thing is to get the PPL request in sooner than later.

1.1.2 "Stacking" Personal Leave and Paid Parental Leave

You may request to use annual leave or sick leave in addition to invoking paid parental leave under FMLA and, in such a case, your leave approver will exercise his/her normal authority. The act of requesting leave under normal procedures with the intent of using paid or unpaid FMLA leave at a later date is known as "stacking" leave, and is permitted, subject to the normal rules governing the approval of such leave. See 3 FAM 3534.3

Example: Jenny adopts a baby girl on December 1, 2020. Jenny requested 2 weeks of accrued annual leave to bond with her new baby. After 2 weeks of annual leave, Jenny invoked paid parental leave under her FMLA entitlement for the first time in 12 months and received 12 weeks of paid parental leave. Her FMLA entitlement expires on December 1, 2021.

1.2 Accrued Sick Leave

Sick leave is a separate entitlement from FMLA. Employees who follow procedures for requesting sick leave and who provide required medical certification must be granted their accrued sick leave.

You are entitled to use sick leave for purposes related to your adoption of a child. Examples of such adoption-related purposes may include but are not limited to:

- Appointments with adoption agencies, social workers, and attorneys;
- Court proceedings;
- Required travel;
- Any periods of time during which the employee is *ordered or required* by the adoption agency or by the court to take time off from work to care for the adopted child; and/or
- Any other activities *necessary to allow the adoption to proceed*.

There is no limitation on the amount of sick leave that may be used for adoption-related purposes outlined above. Sick leave for adoption-related purposes does not count towards the 104-hour (13-day) limit of sick leave each leave year for family care and bereavement purposes or the overall limit of 12 weeks of sick leave each leave year for all family care purposes.

If you are fostering a child but not adopting your foster child or if only your spouse/domestic partner (but not you) is adopting the child, you are not entitled to use sick leave for adoption-related purposes.

You are also entitled to 12 weeks (480 hours) of sick leave each leave year to care for your adopted or foster child **with a serious health condition**. You may use up to 13 days (104 hours) of this 12 weeks of sick leave for general family care purposes, i.e., to care for a child who has a routine illness or to take a child to medical dental or optical appointments or well-baby doctor visits. You are entitled to no more than a combined total of 12 weeks of sick leave each leave year for all family care purposes.
You may not use sick leave to bond with your healthy adopted or foster child unless ordered or required by the adoption agency or court. The Office of Personnel Management (OPM) has advised that there is no provision in law or regulation that permits the use of sick leave to care for a healthy newborn, bond with a healthy child, or for other child care responsibilities.

In order to use sick leave for purposes relating to adoption or foster care, the child must meet the definition of a family member or, if applicable, the definition of a son or daughter for sick leave purposes. For the purposes of sick leave, son or daughter means:

- A biological, adopted, step, or foster son or daughter of the employee;
- A person who is a legal ward or was a legal ward of the employee when that individual was a minor or required a legal guardian;
- A person for whom the employee stands in *loco parentis* or stood in *loco parentis* when that individual was a minor or required someone to stand in *loco parentis*; or
- A son or daughter, as described above in this definition, of an employee's spouse or domestic partner.

Under the definition of son or daughter, an employee with a domestic partner could care for the son/daughter of his/her partner for whom the employee will stand *in loco parentis*, even if the employee is not adopting or fostering the child.

For more information on sick leave, please refer to:

- OPM's Fact Sheet: Sick Leave (General Information)
- OPM's Fact Sheet: Sick Leave for Adoption

1.3 Advanced Sick Leave

If you run out of accrued/accumulated sick leave, you can request up to 240 hours (30 work days/ 6 work weeks)[28] of advanced sick leave in any leave year for purposes related to the adoption of a child or for a serious medical condition of your family member (see definition of son or daughter in Section 1.3 above). You can also request up to 104 hours (13 work days; approximately 2.5 weeks) of advanced sick leave to care for an adopted or foster child with a routine illness, or to take the child to medical, dental, or optical appointments or well-baby doctor visits. Supervisory and Bureau Executive Director approvals are generally required.[29] Medical documentation is generally required for any sick leave period greater than three days.

Advanced sick leave may also be used for the bonding **period if your adoption agency or court requires you to stay home to bond with your child.** Be sure to provide the documentation from the adoption agency or court.

Advanced sick leave is a useful option. Please note that advanced sick leave is paid back **as you accrue it**, which means at the rate of earning 4 hours of sick leave per pay period, 240 hours of advanced sick leave would take 60 pay periods to pay off. Given that there are approximately 26 pay periods in a year, recuperating 240 hours of advanced sick leave may take almost 2.5 years *if* you do not use any sick leave

[28] Per illness. Note: The maximum 240 hours of advanced sick leave is for full-time employees. Part-time employees would be allowed a maximum of their pro-rated sick leave accrual for 30 days.
[29] 3 FAM 3428 Advanced Sick Leave.

during that same time period. Shared leave (see section 1.8) can be used to liquidate advanced sick leave balances.

Please note that if you decide to leave the Department of State while carrying a negative leave balance, you will be required to pay back the leave deficit.[30] For more information on advanced sick leave, please refer to:

- 3 FAM 3428 Advanced Sick Leave
- OPM's Fact Sheet: Advanced Sick Leave

1.4 Accrued Annual Leave

You may request use of your accrued annual leave, which would need to be approved by your supervisor unless you invoke the FMLA. Supervisors are encouraged to grant annual leave for purposes related to adoption or foster care to the maximum extent practicable consistent with mission needs. The substitution of accrued annual leave for unpaid leave under the FMLA cannot be denied for employees who have invoked FMLA (see Section 1.1 above on how to invoke FMLA).

Annual leave may be used for bonding with or caring for a child, or for other child care responsibilities including taking the child to medical, dental, or optical appointments or well-child doctor visits, or any other purpose.

For more information on annual leave, please refer to:

- 3 FAM 3400 Paid Leave
- OPM's Fact Sheet: Annual Leave (General Information)

1.5 Advanced Annual Leave

You may request advanced annual leave which is the number of hours you would accrue through the end of the current leave year.[31] Note that this means those who request advanced annual leave earlier in the leave year may have more advanced annual leave available than those who request advanced annual leave later in the leave year. Approval of advanced annual leave is also at the discretion of your supervisor.

Please note that if you decide to leave the Department of State while carrying a negative annual leave balance, you will be required to pay back the leave deficit.[32]

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[30] See 5 CFR 630.209 for more information and the (very few) exceptions to this general rule.

[31] 3 FAM 3420 defines a leave year as, 'the period beginning with the first day of the first complete pay period in a calendar year and ending with the day immediately before the first day of the first complete pay period in the following calendar year.' In short, the leave year closely follows the calendar year, but generally starts and ends a little after Jan 1st. So, a person giving birth earlier in the year will be able to request more advanced leave than someone having a baby later in the year.

[32] See 5 CFR 630.209 for more information and the (very few) exceptions to this general rule.

For more information on advanced annual leave, please refer to:

- 3 FAM 3416 Advanced Annual Leave
- OPM's Fact Sheet: Advanced Annual Leave

Annual leave, sick leave, and/or donated leave may be substituted for unpaid FMLA leave, consistent with the requirements of these leave categories. Note that annual leave (but **not** sick leave or donated leave) can also be substituted for unpaid FMLA leave when the reason for invoking the FMLA is to care or bond with a healthy child.

1.6 Leave Without Pay (LWOP):

You may use up to 12 work weeks of unpaid or paid leave under FMLA for certain qualifying purposes (see above in Section 1.1), and you may also request LWOP in addition to the FMLA leave. If you are not eligible for FMLA, your supervisor may approve LWOP according to the procedures noted in 3 FAM 3510. **Note: There are different LWOP procedures for Civil Service and Foreign Service; domestically assigned and assigned overseas.**

For more information about LWOP, please refer to:

- OPM's Fact Sheet: Leave Without Pay
- OPM's Fact Sheet: Effect of Extended Leave Without Pay (LWOP) (or Other Nonpay Status) on Federal Benefits and Programs
- Shared Leave Programs[33]

1.7 Shared Leave Programs:

There are two types of shared leave programs: 1) the Voluntary Leave Transfer Program (VLTP) facilitates donations of annual leave from any State Department employee - from colleagues, friends and family within the State Department, or from family members or, in certain circumstances, friends at another agency - directly to you for certain specified uses; and 2) the Voluntary Leave Bank Program (VLBP), which distributes pooled annual leave to eligible bank members based on established criteria.

If you have exhausted or will exhaust all accrued, accumulated, re-credited, and restored annual and sick leave and face 24 hours of absence from duty without available paid leave because of your own or a family member's medical emergency, you are eligible to apply for either or both of the shared leave programs. An Earnings and Leave Statement (ELS) is required at the time of submission to determine accurate leave balances and allow for calculations to determine need.

[33] 14 STATE 146090; 3 FAM 3340; more information about Shared Leave is also available at https://diplopedia-usdos.msappproxy.net/index.php/Portal:Shared_Leave_Programs

Please note that donated leave under the VLTP and VLBP cannot be used for purposes related to the adoption or foster placement of a child, to care for a child with a routine illness, to take a child to medical, dental, or optical appointments or well-baby doctor visits, for bonding with the child, or for any other reasons other than a qualifying medical emergency.

More information on each program and instructions on how to apply are below. Note: When applying concurrently to both programs, the applications for the Voluntary Leave Bank Program will be considered prior to the application for the Voluntary Leave Transfer Program.

Voluntary Leave Transfer Program (VLTP): Employees donate annual leave *directly* to their eligible colleagues, so the amount of donations you receive will depend on how many of your colleagues donate their leave directly to *you*. You may receive leave contributions from any DOS employee, family members at any federal agency, and in certain circumstances, friends and outside agency colleagues at other federal agencies. VLTP may be requested for your own medical emergency or for medical emergencies of your child or other family member.

Recommendation: While notifications about VLTP applicants are posted on the State Department intranet, you will likely be more successful if you also reach out to your colleagues directly, informing them that you are applying for the program and how they can make their contributions directly to you.

To apply for VLTP:

1. Complete form **DS-0630 - Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program** in eForms;
2. Complete Form 71, the **Department of State Leave Application Employee Coversheet.pdf**;
3. Include a medical certification on health care provider letterhead including the following: patient's full name and date of birth, a brief description of nature and severity of medical emergency, expected start and end dates of the medical emergency, signature of health care provider treating the patient, and date the certification was signed;
4. Include your most recent earnings and leave statement showing that you are facing more than 24 hours of unpaid absence due to insufficient available leave; and
5. Submit your complete application package to VLB-VLTPrograms@state.gov.

Voluntary Leave Bank Program (VLBP): The Leave Bank is a pooled fund of annual leave. The amount of distribution is determined by the bank board. To receive a distribution from the Leave Bank, an employee must be a member of the bank. Minimum yearly membership "fees" are one pay period of accrued annual leave and vary depending on years of service (for example, the minimum fee for an entry level employee with less than three years of service is 4 hours of annual leave per year). You may only join the bank during open season, within 60 days of your entry on duty (e.g., new hires), or within 60 days of your return from an extended absence outside the Leave Bank's open enrollment period.

To apply for VLBP:

1. Determine your timing and eligibility. You may only join the bank during open season, within 60 days of entry on duty, or within 60 days of your return from an extended absence outside an open enrollment period;
2. Complete form **DS-0630 - Application to Become a Leave Recipient Under the Voluntary Leave Bank Program** in eForms;
3. Obtain medical certification (in English) by completing the WH-380-E (for a medical emergency of the Federal Employee) or WH-380-F (for a medical emergency of the Federal Employee's family member). If you do not want to complete the WH-380-E/WH-380-F you may provide an appropriate medical certification on health care provider letterhead including the following: patient's full name and date of birth, a brief description of the nature and severity of medical emergency (exclude any personal or sensitive information), dates of expected medical emergency, signature of health care provider treating the patient, and date the certification was signed;
4. Complete the Department of State Leave Application Employee Coversheet DS-7100 on myData, or Form 71;
5. Include your most recent earnings and leave statement showing that you are facing more than 24 hours of unpaid absence due to insufficient available leave; and
6. Complete the Leave Accounting Worksheet (required in the application package for retroactive application requests and required at the end of all participations); and
7. Submit your complete application package to VLB-VLTPrograms@state.gov.

You can email questions to VLB-VLTPrograms@state.gov.

For more information on shared leave, please refer to:

- Shared Leave Programs SharePoint Site
- 3 FAM 3340: Shared Voluntary Leave Programs
- OPM's Fact Sheet: Voluntary Leave Transfer Program

1.8 Leave Saving Options

If you do not have enough accrued paid personal leave and/or donated leave and do not want to take Leave Without Pay or request advanced leave, you may consider some of the following leave-saving options in connection with leave for adoption or foster care purposes. You may also be able to combine certain of these leave-saving options.

1.8.1 Telework[34]

Telework provides employees the flexibility to better manage their work, family, and personal responsibilities by reducing commuting time. Although not all positions or all employees are eligible for telework, bureaus are encouraged to support suitable telework arrangements whenever possible. Employees who wish to telework must have a Telework Agreement approved by their supervisors.

While telework is not a substitute for dependent care, it can be a provide valuable flexibility to employees with caregiving responsibilities.

Telework requests are submitted through eTelework on the HR ONLINE Portal. The telework agreement spells out expectations including, for example, the days and hours of the week the employee will be teleworking and the terms under which the agreement can be modified or terminated.

For more information on telework, please see the Bureau of Global Talent Management webpage on telework

1.9 Intermittent Paid Parental Leave

Paid parental leave under FMLA may be taken intermittently subject to the mutual agreement of the employee and the supervisor in accordance with 3 FAM 3534.2 in 3 FAM 3430. The desire to use paid parental leave intermittently is noted on the DS 5155. A thirty (30) day notice is required whenever possible; otherwise notice is required as soon as possible.

1.10 Continuation of Per Diem While in Training at FSI

On November 19, 2020, the Under Secretary for Management approved a policy which allows employees in training at FSI on **post-to-post** PCS orders who experience a birth, placement of a child for adoption/foster care, serious health condition, or other FMLA events and who invoke paid parental leave under FMLA to **continue to receive per diem** during the FMLA period, not to exceed 12 weeks. The 14 FAM 574.5-2 will be amended to reflect the new policy, however, the new policy is **in effect** as of November 19, 2020.

2. Waiting for Your Child

Waiting for the arrival of your child can be one of the most anxious periods during the adoption and foster care journey. You can begin to think about and prepare for your paid parental leave schedule and any additional personal leave you may wish to take while waiting for your child's arrival. **But, as noted in Section 1.1., you can only begin to use (invoke) paid parental leave when your child is placed into your care with you at home.**

[34] 3 FAM 2360 on Telework and https://usdos.sharepoint.com/sites/Intranet-HR/Workforce/WorkSchedulesFlexibilities/Pages/Telework.aspx

3. Once Your Child Arrives and Is with You

Once you get the phone call that your child has arrived, there are several things you will have to do to bring him/her into the State Department family.

3.1 Adding the Child as a Dependent

It is important to add your child as a dependent. If you are a Civil Service employee and have OpenNet access:

1. Go to "GEMS Self-Service" via HR Online/GTM Portal on the Department of State's Intranet site;
2. Click on the Employee Self Service tab; and
3. Scroll down to the bottom of the page and click on "Update My Dependents."

For Foreign Service employees, you must submit an updated OF-126, Foreign Service Residence and Dependency Report. A copy of the final adoption decree must be attached. If the final decree is in another language, an English translation must be provided. These documents must be sent to your HR Technician in GTM/EX/IDSD who will add the name of the new eligible family member into the employee's record. **This must be done before the Bureau of Medical Services can process the request for a medical clearance**. Employees with access to OpenNet should follow these steps:

- Access "GEMS Self-Service" via HR Online/GTM Portal.
- Once in GEMS, click the OF-126 link.
- Click the "Submit a New Form" below the "OF-126" heading, if you have never submitted an on-line OF-126. Otherwise, click "View Previous" to make changes to a previously submitted on-line OF-126.

If you don't have OpenNet Access, you can get the form online by searching for the form number and submit a paper copy of Form OF-126 and fax it to GTM/EX/IDSD (202- 453-8265) or email a scanned copy to your GTM/EX HR Technician collective GTM-EX-IDSD@state.gov. You should also email a copy directly to your specific HR Technician in case he or she doesn't receive it via the collective address. GTM/EX/IDSD is located at 2025 E Street, N.W. (SA-09)

3.2 Adding Your Child to Your Health Insurance Plan

If you utilize the health insurance benefits at the Department of State, you will need to add your child to your insurance plan. The procedures are different depending on the legal relationship you have with your child.

If you are a foster parent, you will need to complete DS 5111 "Certification for Foster Children" to add your child to your health insurance plan.

For adoption, the child is adopted if the adoption decree, either from a U.S. or foreign court, is final. The child also is considered adopted if the adoption decree is interlocutory and state law provides that the rights of the child generally are the same as those of an adopted child.

- If you are the legal parent, then fill out form SF 2809. You must provide a copy of the adoption decree.
- If you have a foreign order granting you guardianship of a child for the purposes of intercountry adoption, also fill out form SF 2809, and provide a copy of your guardianship order.
- If you have physical custody but the adoption decree is not yet final, you can add your child as a foster child. Contact your Human Resources/EX office to submit the DS-5111 "Certification for Foster Children" to add your child to your health insurance plan.

If you have a Self and Family enrollment, you should not complete a new Health Benefits Election Form (SF 2809). You should contact your health plan to inform them of the new family member. If your health plan questions whether someone is an eligible family member, the health plan may ask you or your Human Resources/EX office for more information.

Acquiring an eligible family member is also a Qualifying Life Event for enrollees in the Federal Employees Dental and Vision Insurance Program (FEDVIP). If you already have a Self and Family enrollment, log into your BENEFEDS account at http://www.BENEFEDS.com and add your child to your enrollment. It is best to do this immediately, so there will not be any delay in claims or services.

If you have a Self Only or Self Plus One enrollment and would like to add your new child, you have a limited time period to change to a Self Plus One or Self and Family enrollment. You can do so from 31 days before to 60 days after acquiring your new child as a "Qualifying Life Event" at http://www.BENEFEDS.com. **Do not miss these dates or you will have to wait until the next Federal Benefits Open Season to make the change**.

3.3 Updating Your Beneficiary Forms and Tax Withholdings

You may also decide to change your designation of beneficiary forms:

- SF-2823 FEGLI Designation of Beneficiary
- SF-5002 Designation of Beneficiary – Foreign Service Retirement System
- TSP-3 Designation of Beneficiary for Thrift Savings Plan
- SF-1152 Designation of Beneficiary for Unpaid Compensation (Salary or Leave)

If you are serving overseas and decide to complete any of the designation of beneficiary forms, submit the completed form(s) to your post's HR department that will forward them to the Department of State. These forms are available at http://www.opm.gov/forms or at myData Portal Forms.

You may also choose to change the number of your withholdings for FEDERAL/State tax from Employee Express.

3.4 Life Insurance

An employee, who experiences a **Federal Employees Group Life Insurance** (FEGLI) qualifying life event including the acquisition of an eligible child, has 60 days from the date of the event to elect Basic, plus any or all Optional insurance: Option A, Option B (up to the maximum of five multiples with no restrictions), and Option C (up to the maximum with no restrictions). Acquisition of an eligible child includes the insured's adoption of a child and the insured's acquisition of a foster child. Please refer to the FEGLI Handbook for more information.

You may also wish to consider signing up for the **Immediate Benefit Plan (IBP),** an insurance program, offered by the American Foreign Service Protective Association (AFSA) to both Foreign and Civil Service employees. The plan will help pay expenses incurred in the days and weeks following the death of an insured employee. The IBP will send the enrollee's beneficiary (ies) $15,000 within two business days of official notification by the Employee Services Center of the death of an employee in the Plan.

3.5 Flexible Spending Accounts

You may be able to enroll in an Federal Flexible Spending Account (FSAFEDS) health care program or change your current election(s) from 31 days before the event to 60 days after the event. For the health care account, you must also be eligible to enroll in the FEHB Program. Your requested change must be consistent with the event and you cannot enroll or increase your election(s) after October first (you would have to wait until Open Season in November).

3.6 Child Care Subsidy Program

The State Department's Child Care Subsidy program helps parents find quality, affordable child care. One of the unique aspects of the program is that it is need-based – the amount you receive depends on your total family income and the amount you pay for childcare. If you meet State's eligibility criteria, then your childcare costs may be reduced. To qualify for the subsidy you, the employee, must:

- Be a Department of State employee (part-time employees are eligible)
- Have a total family income of $89,900 or less
- Place your child in a licensed day care, home care or after care program

For those who qualify, the subsidy can be used with any childcare provider licensed and/or regulated by state and/or local authorities. Although the childcare subsidy will be given in addition to your salary, these funds can still be taxed as income. Please refer to this information on tax implications, and consult with your tax advisor for a more detailed understanding of how this subsidy might affect you.

The childcare subsidy will not be given to you automatically. To qualify to receive these benefits, you must apply. To apply, new applicants can submit their applications via FEEA's secure online system at https://feeachildcareservices.com or via email or fax to FEEA. Please refer to the How to Apply page. Once your application is reviewed, you will receive an award letter from the administrator of the program. All benefits will be paid directly to the childcare provider.

If you have additional questions please refer to: Child Care Subsidy Program or contact GTM /ER via CCSP@state.gov.

3.7 *WorkLife4You (WL4Y)*

WorkLife4You is a comprehensive and confidential resource and referral service that assists employees who are searching for ways to balance the demands of their professional and personal lives.

WL4Y specialists are accessible 24/7 to provide expert guidance and referrals for a wide variety of services, including child care, schools, financial/legal services, health and wellness, adoption, and other personal support for urgent everyday issues.

WL4Y also provides free Care Kits such as, Child, College, or Adult Care Kits, which are full of useful household items, books, and/or Educational Guides geared toward each specific age group. *WorkLife4You* recently developed the Be Well Kit, which is loaded with practical products and information designed to help employees proactively manage their health.

WL4Y anticipates that at some point, your childcare provider will be unavailable. Or your own plans will change at the last minute, and scrambling to find alternate care arrangements can be stressful, expensive, and time consuming. As part of the *WorkLife4You* services, you have access to Emergency Backup Care, a program designed to help you secure – and pay for – backup care when your regular care plans are disrupted, even at the last minute.

Emergency Backup Care Provides:

Coverage for the entire family:
- Children and adult loved ones, including mildly ill
- Self-care if you are ill or recovering from illness or surgery

Flexibility on placement options:
- Licensed centers and in-home care providers.
- Friends and family members you know and trust.
- You choose which is right for your needs from recommended option.

Benefits:
- All care must be preauthorized, can be reserved up to 30 days in advance or at the last minute.
- You pay only a $10 a co-pay when you use in-network providers.
- WL4Y will reimburse you for the cost of care minus the $10 co-pay when you use out-of-network providers or up to $100 per day for the cost of care when you use friends and/or family members. For care inside of the U.S., you can also elect to use a personal caregiver of your choice such as a local babysitter, friend, or extended family member, and the program will reimburse you for the cost of care up to $100 per day.

- **Note: In a change beginning October 1, 20201, you can use the service for up to 5 visits per fiscal year, subject to the availabilty of funds.**

Emergency Backup Care is **not** available for care taking place overseas. Foreign Service employees, assigned overseas may, however, reserve care for dependents requiring care within the U.S.

To request these enhanced services or any other customized research and referrals, log on to www.worklife4you.com and look for the "Member Login" box (do NOT click on the "New Users Signup" link). Simply enter Screen Name: statedepartment and Password: infoquest.

If you need help Immediately, Request Care Now or call 866 552-4748 (TTY 800-873-1322) any time of the day or night to speak to a specialist.

If you are experiencing problems logging on to the web site, please contact WL4Y by phone at 1-866-552-4748.

For more information, please refer to: GTM-ER-WLD WL4Y Website

4. Foreign Service Officers Adopting While Serving Overseas

Foreign Service Officers (FSOs) who contemplate adopting a child who is a citizen of their host country during their tour, should evaluate the feasibility of completing an adoption within the limited timeframe of their tour. FSOs serving overseas may have more steps to take with regard to finalizing an adoption of a child, whether through a domestic adoption or through an intercountry adoption. Therefore, FSOs are encouraged to consult an immigration attorney if they plan to adopt locally or adoption service provider if completing an intercountry adoption before beginning the process.

Adoption of a child who is a citizen of the host country sometimes are attempted by FSOs through a local process in the host country (outside of the intercountry adoption process). This route can be complex, and FSOs should carefully research all requirements under local law, as well as U.S. law which includes recognizing the orphan status of the specific child, as well as the two-year physical legal custody requirements prior to immigration to the United States. These requirements may be difficult to meet within the limited length of an FSO tour. FSOs should consult early on with an immigration attorney for guidance on completing a local adoption during their tour.

Adoption of a child through the intercountry process (whether a Hague Adoption Convention country or not) under U.S. law requires engaging at the outset and throughout with an Adoption Service Provider (ASP) authorized by the host government. The ASP has primary responsibility to advise and guide prospective parents through the process. Review carefully the detailed information and FAQs found at https://travel.state.gov/content/travel/en/Intercountry-Adoption.html.

If you are adopting a child in the United States and moving the child to a foreign country, but the adoption is not yet final, the country to which you plan to move the child may consider the adoption to be an intercountry adoption under their law and the immigration or other officials of that country may require that you follow specific procedures even before you initiate or complete the process in a state court in the United States.

If you are at post and plan to adopt a child from the United States and travel from post to the United States to finalize the adoption, you are encouraged to provide private email addresses and contact telephone numbers to your post's HR office as well as to your CDO and the employee's HR Technician in GTM/EX/IDSD to facilitate communicating status of requests before and after the adoption of the child. If you have legal custody of a child and are in the United States but the adoption decree is not yet final, please consult with your adoption service provider. You may also address your questions to the U.S. Citizenship and Immigration Services regarding your plans to travel and live overseas with your child. Both country-specific and general procedural information for U.S. citizens who wish to apply to adopt a child from another country to the United States, is provided in the Intercountry Adoption section of the State Department website at https://travel.state.gov/content/travel/en/Intercountry-Adoption.html For information on immigration requirements for an adopted child to enter the United States, including conditions under which an adopted child receives automatic U.S. citizenship under the Child Citizenship Act see: https://www.uscis.gov/adoption.

4.1 Obtaining a Diplomatic Passport for Your Child

The child must have the same type of passport, i.e., diplomatic as the employee. Only an adopted child who also is a U.S. citizen will be issued a U.S. passport.

To apply for a diplomatic passport for your U.S. citizen child request an Electronic Request for Passport Services (eRPS) from your HR Technician in GTM/EX/IDSD. After the HR Technician has received a copy of the birth certificate or child's foreign passport, a copy of the final adoption decree, and the signed Form OF-126, he or she will generate the eRPS – approximately a two-day process – and will email it (or, if the parent prefers, fax it) to the applying parent for submission with the application for an official or diplomatic passport. You should then follow up with the HR Technician to ensure the eRPS has been forwarded promptly.

Complete the passport application package per the guidance on travel.state.gov.SIA and submit it to the local passport application acceptance facility (e.g., Special Issuance Agency in DC, Passport Agency, or certain post offices). Please note an appointment is required at SIA. Information for requesting an appointment is available on travel.state.gov/SIA. A personal appearance of the child is required and both parents must be present when applying for a passport. If both parents are not available, then the absent parent must submit notarized, written consent on the Form DS-3053, Statement of Consent or Special Circumstances: Issuance of a Passport to a Minor under Age 16, with a copy of his or her identification (front/back) giving permission to the parent who is present to apply for the child. Note that if you submit the application at a non-Department of State passport application acceptance facility (generally a post office), the facility will charge an execution fee. You may voucher this expense upon return to post if you keep and submit the receipt. Once you receive your child's diplomatic passport,

sign and return it by express mail (or, if you are in the DC area, hand-deliver it) to the Special Issuance Agency (SIA), along with the DS-1640, foreign visa application, required photos, copy of sponsor's passport bio page and sponsor's foreign visa. The parent or sponsor should email SIA's Visa Unit at CA-PPT-SIA-VISA-UNIT@state.gov to let them know that the application is on its way, providing the tracking information. Parents who are not able to access these websites should send an email requesting information on visa requirements to CA-PPT-SIA-VISA-UNIT@state.gov or call Special Issuance Agency at 202 485-8200.

For more information on passports, please refer to:

https://travel.state.gov/content/travel/en/passports.html
www.Travel.State.Gov/SIA (only accessible from your U.S. government connection)

4.2 Visa:

A visa for your child is required in most countries if serving overseas or if you are bringing the child to the United States after adopting or receiving guardianship of the child overseas.

To obtain a U.S. visa for a child adopted abroad to travel or immigrate to the United States, please see the Department of State's website https://travel.state.gov/content/travel/en/Intercountry-Adoption/Adoption-Process/immigrant-visa-process.html.

USCIS's Adoption Section also provides helpful information about the process for applying to adopt and immigrate a foreign-born child to the United States: https://www.uscis.gov/adoption.

4.3 Immunities

Adoption procedures involving foreign government authorities could implicate the privileges and immunities of accredited personnel. If the adoption will occur in a foreign country to which the prospective parent is currently assigned and will require the involvement of host government authorities, the prospective parent should work with post to request the necessary limited waivers of immunity. In private domestic relations matters, including the adoption of a child, the Department of State will generally grant a limited waiver of the necessary immunities to allow the prospective parent to conclude the adoption abroad. Post Management must indicate to the Office of the Legal Adviser, Office of Diplomatic Law and Litigation (L/DL) that the proposed waiver would not be contrary to the U.S. government's interest. General guidance regarding limited waivers of immunity is available in 2 FAM 221.5 and questions can be addressed to immunities@state.gov.

4.4 Layette Shipment

A layette shipment is a separate airfreight allowance of up to 250 pounds gross weight for a newborn child or an adopted child of less than five years of age who is an eligible family member. Items shipped in a layette must be directly related to the care and feeding of the child. For example: crib, playpen,

infant car seat, high chair,cloth or disposable diapers, baby clothing, crib or receiving blankets, crib bedding, and similar items. Layette items may not include adult-size furniture, or foodstuffs other than milk, formula and commercial baby food. If you think you may want a rocking chair or glider, it is best to include it in the initial household shipment. However, a rocking chair or glider could go with the layette as long as it fits inside the tri-wall container. If it does not fit, it will not ship – no exceptions. Items shipped in the layette may not exceed the dimensions of a standard tri-wall carton of 37 inches by 23 inches by 30 inches (0.938 meters by 0.5842 meters by 0.762 meters).

You are eligible for a layette shipment only when appropriate childcare items and foodstuffs are not available at post. Post has to certify that suitable layettes are not available locally and must submit a cable to your HR Technician in GTM/EX/IDSD requesting that your original travel authorization be amended to authorize a layette shipment.

Arranging pack out and shipment of layette: You may arrange for a family member/friend/store in the United States to obtain a layette if you haven't already done so before going to post. The family member/friend/store may also initiate a layette shipment on your behalf and with your approval by sending an email to transportationQuery@state.gov. Layette shipments are coordinated through the office of Transportation Management Division (A/LM/OPS/TM) at the following link: http://lm.a.state.gov/ops/householdmoves/. Please noted that for an adopted child, an air shipment should commence no later than 60 days after the adoption.

For more information on layette shipments, please refer to: 14 FAM 613.4

4.5 Medical Clearance

Per 16 FAM 122.4 an employee has 90 days to complete the medical clearance for all new Eligible Family Members (EFM) including adopted children. New EFMs are eligible for medical evacuation, hospitalization, and access to the Health Unit during this time.

Please submit an approved OF-126, Foreign Service Residence and Dependency Report, to your HR Technician or CDO. M/MED cannot medically clear the child of a Department of State employee until the HR Technician in GTM/EX-IDSD receives Form OF-126 and enters the child into the system. This enrolls the child as an eligible family member in the Department of State Medical Program.

Then complete DS-1843 (12 and older) or DS-1622 (11 and younger) and scan and email to MEDMR@state.gov or FAX to Medical Records (703) 875-4850.

4.6 Per Diem for Adoption of Newborns or Surrogacy

To support the Secretary's goal of a more inclusive workforce, in April 2021, MED issued a new policy, retroactive to March 1, authorizing medical per diem for newborns who are adopted by or born through surrogacy to eligible parents posted overseas. Families are eligible for retroactive per diem beginning from the first day on which a legal document establishes the parent's legal guardianship or parenthood, and the newborn will receive up to 45 days of per diem after birth excluding periods of

hospitalization. One parent will also receive up to 45 days of per diem after birth including periods of the newborn's hospitalization. Employees can contact MED's Office of Foreign Programs at MEDForeignPrograms@State.gov for more information on this new per diem authorization.

This policy extends medical per diem to newborn children who are obtaining medical care before traveling to their posts of assignment – they are considered EFM patients. Therefore, this newborn benefit does not apply to adoptions or placement into foster care of older children, though MED has policies in place which may assist adopting families requiring medical attention. Additionally, the medical travel provision allows coverage of per diem only, not the round-trip airfare for the parents (the newborn's travel to post is covered when they are added to the employee's travel orders for PCS). GTM is working to cover this travel via the New Child EVT cited above and will provide further guidance if/as this becomes available.

4.7 Travel Authorization

If you are adopting a child away from post, you will need to secure three documents for your newly acquired EFM before your travel authorization is amended and prior to travel to your overseas post: an updated OF-126, a medical clearance for the child, and a U.S. passport (and visa, if required,) for the child.

If your child is adopted at your post of assignment, the travel authorization directing you to your current assignment will not be amended since the child is already at post. The child will be added to your travel authorization when you are transferred (PCS) to your next assignment.
For more information on what may be required to complete an intercountry adoption, including the process to obtain a U.S. visa for a child adopted abroad to travel or immigrate to the United States, please see the Department of State's website http://travel.state.gov/content/adoptionsabroad/en.html and http://travel.state.gov/content/adoptionsabroad/en/about-us/newsroom/local-adoption-requirements-for-us-citizens-abroad.html.

4.8 SF-1190 Foreign Allowances Application, Grant, and Report

After the newly acquired family member arrives at post, complete and submit the SF-1190 Allowances form to your post HR Office to have your post allowance increased appropriately.

That concludes our Adoption/Surrogacy and Foster Care Guide. We hope it has been helpful to you and your family!

* * *

APPENDIX I: Who Do I Contact When…

I am in the Foreign Service and my assignment or training schedule may be affected by the adoption/foster care placement:
Contact your CDO.

I have questions regarding leave (annual, sick, accrued leave, etc.).
Please reach out to your Post/Bureau HR Specialist for assistance.

I have questions regarding the Shared Leave Programs (VLTP and VLBP).
Email VLB-VLTPrograms@state.gov.

I believe my request for leave was wrongly denied. Whom can I contact to discuss the issue?
Please reach out to your Post/Bureau HR Specialist for assistance.

I am having difficulties adding my adopted/foster child to my health insurance plan.
Contact your post or bureau FEHB representative

I have questions regarding the Child Care Subsidy Program.
This program is managed by GTM/ER/WLD. Please contact CCSP@state.gov, via unclassified email, or call 202-261-8160. Please also refer to the GTM SharePoint site for the program.

I have questions regarding WorkLife4You:
To request these enhanced services or any other customized research and referrals, email the Specialist directly at Specialist@LifeCare.com or log on to www.worklife4you.com and look for the "Member Login" box (do NOT click on the "New Users Signup" link). Simply enter Screen Name: statedepartment and Password: infoquest. If you are experiencing problems logging on to the web site, please contact the Help Desk at Help@LifeCare.com or by phone at 888-604-9565.

I am in the Foreign Service and I need to add my child to my dependency report and my travel authorization.
Contact your HR Technician in GTM/EX/IDSD. They are located in Room 4250, SA-3 (2121 Virginia Avenue, NW, Washington, DC 20037); phone: 202-663-0405; fax: 202-663-0449; email: HR-EX-ASU@state.gov).

I am in the Foreign Service and my Assignment Technician does not respond to my requests to add my child to my dependency report and my travel authorization.
If you are in the DC area, a visit to your Assignment Tech's office may help expedite things. If you have not received a response to emails or phone calls after a couple of days, send a message to the group address GTM/EX/IDSD@state.gov. Check the Global Address List in Outlook to see where your Tech's office is located. If you are not in the DC area, daily phone or email contact is recommended, politely highlighting the time-sensitive nature of your request. Please bear in mind that Assignment Techs have thousands of clients.
I need to apply for a diplomatic passport for my child.

Assistance on applying for diplomatic passports and visas is available by email at CA-PPT-SIA-PASSPORTS@state.gov and CA-PPT-SIA-VISA-UNIT@STATE.GOV or by phone at 202-485-8200.

I have questions regarding my layette shipment.
Contact A/LM/OPS/TTM via phone: 202-663-0891/0892 or 800-424-2947, via fax: 202-663-0967 or via email: TransportationQuery@state.gov. Keep in mind that you are eligible for a layette shipment only when appropriate childcare items and foodstuffs are not available at post.

I have questions about the visa requirements/application process for my child adopted through the intercountry process.
Email CA-PPT-SIA-VISA-UNIT@STATE.GOV or call the Special Issuance Agency at 202-485-8200. For questions related to intercountry adoptions, please see travel.state.gov/content/adoptionsabroad/en.html.

I am in the Foreign Service Officer and I would like to adopt a child from the United States. I understand my host country is a party to the Hague Adoption Convention. Can I complete the adoption as a domestic adoption in the United States or do I have to complete the adoption as an intercountry adoption.
First contact your host country's Central Authority for the Convention for information about the country's process and requirements for an "incoming" Convention adoption to that country from the United States. In the Department of State's view, if the Central Authority has determined that the prospective adoptive parent(s) is habitually resident in that country for purposes of intercountry adoption, the adoption must be completed in accordance with the Convention. For more information, you should review the Department of State's website regarding intercountry adoptions at adoption.state.gov.

For more information on U.S. domestic adoptions in general, please visit the Department of Health and Human Services website: www.childwelfare.gov.

APPENDIX II: Useful Websites and Links

Adoption and Foster Care

- OPM Guide to Adoption and Foster Care Programs for Federal Employees
- Child Welfare Information Gateway: https://www.childwelfare.gov/topics/adoption/
- Intercountry Adoption: http://travel.state.gov/content/adoptionsabroad/en.html
- Child Welfare Information Gateway: https://www.childwelfare.gov/topics/outofhome/foster-care/

The Family and Medical Leave Act of 1993 (FMLA) and Paid Parental Leave (PPL)

- Department Notice on PPL
- GTM SharePoint Site on PPL
- FMLA Forms (as found on myData):
    - Updated DS-1923, Family and Medical Leave Act (FMLA)
    - DS-5154, FEPLA Work Obligation Statement
    - DS-5155, Request for Paid Parental Leave (PPL)
    - DS-7100, Request for Leave or Approved Absence

FAM Sites:

- Foreign Affairs Handbook/Foreign Affairs Manual: https://fam.state.gov/
- 3 FAM 3410 Annual Leave: https://fam.state.gov/fam/03fam/03fam3410.html
- 3 FAM 3420 Sick Leave: https://fam.state.gov/fam/03fam/03fam3420.html
- 3 FAM 3340 Shared Leave: https://fam.state.gov/fam/03fam/03fam3340.html
- 3 FAM 3530 FMLA and Paid Parental Leave: https://fam.state.gov/fam/03fam/03fam3530.html
- 14 FAM 613.2 Layette Shipment: https://fam.state.gov/fam/14fam/14fam0610.html#M613_4

Health Insurance and Benefits (FEHB)

- GTM SharePoint Site on Health Insurance and the Federal Employees Health Benefits (FEHB) Program

Leave and Workplace Flexibilities

- OPM Handbook on Leave and Workplace Flexibilities for Adoption and Foster Care: http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/handbook-on-leave-and-workplace-flexibilities-for-childbirth-adoption-and-foster-care.pdf
- ALDAC (15 STATE 69900) NEW GUIDANCE - WORKPLACE FLEXIBILITIES FOR CHILDBIRTH, ADOPTION, AND FOSTER CARE
- Workplace Flexibility FAQ (Go Browser)

Leave Without Pay (LWOP)

- HR Procedures for Processing Benefit Changes while on LWOP

- OPM Fact Sheet: Effect of Extended Leave Without Pay (LWOP) (or Other Nonpay Status) on Federal Benefits and Programs

Life Events – I've Acquired a New Family Member

- http://www.opm.gov/healthcare-insurance/life-events/memy-family/ive-acquired-a-new-family-member/

Shared Leave Programs

- SharePoint site at Shared Leave Programs: http://intranet.hr.state.sbu/Benefits_Compensation/Leave/Pages/SharedLeave.aspx
- 3 FAM 3340 - Shared Voluntary Leave Programs: http://fam.a.state.gov/FAM/03fam/03fam3340.html

Telework Links

- OPM's telework webpage at www.telework.gov
- GTM Telework site: https://usdos.sharepoint.com/sites/Intranet-HR/Workforce/WorkSchedulesFlexibilities/Pages/Telework.aspx
- 3 FAM 2360 http://fam.a.state.gov/fam/03fam/03fam2360.html

Additional Resources:

- State Department Form Finder: https://eforms.state.gov/
- WorkLife4You: https://www.worklife4you.com/index.html
- State Department Family Liaison Office: https://www.state.gov/bureaus-offices/under-secretary-for-management/bureau-of-human-resources/family-liaison-office/
- TalentCare SharePoint on Go Browser
- Child Care Subsidy Program