



# Legal Seminar / Webinar

## “The Dance”

### The Overlap Between the Family and Medical Leave Act (FMLA), the Americans With Disabilities Act (ADA), and Workers' Compensation Leave Laws

Handling employee requests for time off as a result of illness or injury is one of the most challenging and frustrating duties of a human resource employee's job. The difficulty arises from having to consider the complicated state and federal laws governing family leaves of absence, workers' compensation, and disability discrimination that may come into play.

For example, some serious health conditions — including those that are work-related — may also fit the definition of a disability under state and federal discrimination laws. A work-related injury is covered by workers' compensation, but if it qualifies as a “serious health condition,” family medical laws kick in as well.

During “The Dance,” we will waltz our way through the complex rules governing the Family and Medical Leave Act, The Americans with Disabilities Act, and workers' compensation, as well as California disability and family leave laws. We will address some of the most common problems employers struggle over when the laws overlap, and provide tips on how to deal with them.

**FREE Seminar / Webinar for SDCMS Members & Office Staff — LUNCH PROVIDED!**

**WHEN:** Wednesday, January 27, 2010, 11:30AM – 1:00PM  
**WHERE:** SEMINAR: SDCMS Meeting Room: 5575 Ruffin Road, Suite 250, San Diego 92123.  
 WEBINAR: Wherever You Are, So Long As You Have a Computer and an Internet Connection!  
**PRESENTER:** Elizabeth Koumas, Esq., Koumas Law Group  
**REGISTRATION:** Fax this completed form to SDCMS at (858) 569-1334 by January 26, 2010  
**QUESTIONS?** Call Lauren Wendler at SDCMS at (858) 300-2782 or email her at LWendler@SDCMS.org

**REGISTER TODAY: Complete and Fax This Form to SDCMS at (858) 569-1334. Thank You!**

Check Here  If You Will Be Attending Our Seminar **OR** Check Here  If You Will Be Attending Our Webinar

SDCMS Member Physician's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Attendee Name(s): \_\_\_\_\_