

## EEO/FMLA and Right to Know: Managing Documents and Absences Through Policies and Processes

October 30, 2018 – 8 AM to 3 PM Hotel Indigo Harrisburg 765 Eisenhower Blvd, Harrisburg, PA 17111

A day of multi-discipline discussion on hot topics affecting PPTA's membership. In each segment we will explore hot topics in EEO, including passenger complaints, how to close out an EEO investigation and communication on the investigation. During the FML segment we will look at documentation, processing claims and avoiding disputes. There will also be a discussion on the impact of short term disability and FML. Finally, the Right to Know segment will include updates and strategic approaches to requests for information at your agency.

Presented by: Jill Nagy, Summers Nagy Law Offices

**Cost**: \$75. PPTA <u>cancellation policy</u> applies.

**Lodging:** Hotel Indigo Harrisburg (765 Eisenhower Blvd, Harrisburg, PA 17111)
Room block is available for the nights of October 28 & 29, 2018 at the government rate of \$110/night plus taxes. Click here to book online or call 717-558-7676 (ask for PPTA block). Rooms will be released on October 16 (or when sold out). **Note that rooms cancelled less than 3 days prior to arrival will incur a 1-night charge.** 

Parking: Free, on-site parking is available at the Hotel Indigo.

**Meals:** Breakfast, lunch, and breaks will be provided. Please inform Sara Bowden at <a href="mailto:sara@ppta.net">sara@ppta.net</a> of any dietary restrictions at least one week in advance.

**Attire:** Casual. Because it can be a challenge to keep the meeting room at a temperature that accommodates everyone, we recommend bringing a sweater or jacket to stay comfortable.

Maximum Class Size: 25

Attendee Registration:		
Submit to Sara Bowden, PennTRAIN Program Coordinator		
Email: sara@ppta.net Fax: 717-234-71	76	Mail: 600 N 3 <sup>rd</sup> Street, 4 <sup>th</sup> Floor, Harrisburg, PA 17101
Organization Name		
Attendee Name		Attendee Title
Attandes Freeil Address		Attended Dhone Number
Attendee Email Address	4	Attendee Phone Number
Organization Contact Name		Organization Contact Email Address.
Organization Contact Name:		Organization Contact Email Address:
Method of Payment:		
☐ Check enclosed #	OR	☐ Please invoice me