

Family and Medical Leave Act (FMLA)

Notice of Eligibility, Rights and Responsibilities

Employee Name:	ID#:	Date:
Department:	Division:	

PART A – NOTICE OF ELIGIBILITY

We have been notified that you need to take FMLA leave as needed for:

- ☐ The birth of a child or placement of a child with you for adoption or foster care;
- ☐ Your own serious health condition (Includes qualifying on-the-job injuries)
- ☐ You are needed to care for your ☐ spouse; ☐ child; ☐ parent; ☐ *domestic partner and/or their children; ☐ *grandparent due to his/her serious health condition. *(*covered in section 27:01 of County Leave Manual and Family Leave Ordinance - FLO)*
- ☐ A qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent is on covered active duty or call to covered active duty status with the Armed Forces.
- ☐ To care for your: ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin who is a covered service member with a serious injury or illness.

Reason for leave: _____

PART B - LEAVE DESIGNATION NOTICE

- ☐ Your FMLA leave request is approved contingent upon receipt of clarification (See Attached). If clarification is not received within fifteen (15) days, your approval may be reversed. All leave taken for this reason will be designated as FMLA leave.
- ☐ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA Leave.
- ☐ No medical certification or documentation has been submitted in order to determine whether FMLA leave applies to your leave request.
The attached Certification of Health Care Provider form must be completed by the health care provider and returned no later than _____. If sufficient medical documentation is not provided in a timely manner, your leave may be denied.
- ☐ The information you provided is not complete and sufficient to determine if FMLA applies to your leave request. As indicated below, additional documentation is needed to determine if your FMLA leave request can be approved. You will need to provide the information by _____.
 _____ Sufficient medical certification to support your request for FMLA leave. ***(Please have health care provider complete the attached Certification of Health Care Provider form.)***
 _____ Sufficient documentation to establish the required relationship between you and your family member.
 _____ Other information needed _____

Once we obtain the information from you as specified above, we will inform you within five (5) business days whether your leave will be designated as FMLA leave and count towards your FMLA entitlement.

- ☐ Your FMLA leave is **Not** Approved:
 _____ You have not met the FMLA requirement of at least 12 months of service.
 _____ You have exhausted your FMLA leave entitlement of 12 weeks in the applicable 12-month period.
 _____ The FMLA does not apply to your leave request.
 _____ You have not met the FMLA requirement of 1,250 hours worked.

Employee Name:		Division:	
Department:		Certified Mail #:	

PART C – RESPONSIBILITIES FOR TAKING FMLA LEAVE

If your leave does **qualify** as FMLA leave, you will have the following **responsibilities** while on FMLA leave:

- ☐ You may use your available paid ☐ sick, ☐ annual ☐ holiday and/or other appropriate available leave during your FMLA absence. *(*Sick leave can only be used for personal illnesses, personal injuries, birth of a child, or placement of child with you for adoption or foster care.)*
- ☐ While you are on **intermittent leave** you may be required to furnish us with periodic reports of your status when you call out from work. You must notify your immediate supervisor of each FMLA related absence so that your absence can be properly designated. You are required to adhere to all reporting and/or notification requirements of your section.
- ☐ Due to your status within the County, you are considered a “key employee” as defined in the FMLA. As a “key employee”, restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We ☐have / ☐have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- ☐ You are required to maintain your insurance premiums while on leave. Please contact the Benefits Unit at (305) 375-4516 for payment instructions. ***If payment is not made timely, your group health insurance and/or benefits may be cancelled.***
- ☐ You are required to furnish us with a completed medical release from your attending physician upon your intent to return to work.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form and/or on your Leave of Absence Application, you will be required to notify Human Resources and your supervisor at least seven (7) workdays prior to the date you intend to report for work.

PART D – RIGHTS FOR TAKING FMLA LEAVE

If your leave does qualify as FMLA leave, you will have the following **rights** while on FMLA Leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the calendar year (January to December).
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month (January to December) period to care for a covered service member with serious injury or illness.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with same pay, benefits, and terms and conditions of employment on your return from FMLA protected leave.
- If you do not return to work following FMLA leave for a reason other than: 1) continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member’s serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If you were not informed that you may use applicable accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have your sick, annual, and/or other appropriate available leave run concurrently with your unpaid leave entitlement, provided you meet all applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave. ****Sick leave can only be used for personal illnesses, personal injuries, birth of a child, or placement of child with you for adoption or foster care.***

If you have any questions regarding this notification, please contact {Department Rep} at 000-000-0000 in Human Resources.

Information reviewed by Human Resources staff: _____ Date: _____

[INSERT NAME], [TITLE], [DEPARTMENT]

Date