## Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

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[ <u>Part A – </u>	NOTICE OF ELIGIBILITY	
To:		
	Name, Job Title, Employee ID	
From:	N. Aleman B. W.	
	Name, Job Title, Facility	
Date:		
On .	, you informed us that you may need leave beginning on for:	
	own serious health condition;	
	rth of a child, or placement of a child with you for adoption or foster care;	
	se you are needed to care for your $\square$ spouse $\square$ child $\square$ parent due to his/her serious health condition.	
	se of a qualifying exigency arising out of the fact that your $\square$ spouse $\square$ son or daughter $\square$ parent is on active r has been called to active duty status in support of a contingency operation as a member of the National Guard or res.	
_	se you are the spouse son or daughter parent next of kin of a covered service member with a serious or illness.	
This Notic	ce is to inform you that you:	
☐ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)		
Are no	t eligible for FMLA leave, because:	
You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately months towards this requirement.		
	You have not met the FMLA's 1,250-hours-worked requirement.	
If you hav	e any questions, contact at or view the FMLA poster located on the Official Bulletin Board.	
As explair in the appl leave, you timely ma	red in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available licable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA a must return the following information to us by  If sufficient information is not provided in a nner, your leave may be denied.	
	ent certification to support your request for FMLA leave. A certification form that sets forth the information ary to support your request is enclosed.	
☐ Suffici	ent documentation to establish the required relationship between you and your family member.	
Other	information needed:	
☐ No additional information requested		

Retention Schedule: Upon completion, this form shall be retained permanently in the official and local medical file of the employee.

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

- 1. It is your responsibility to ensure that your health insurance premiums are paid, if you are on Family Leave without Pay. Upon approval, detailed information will be provided to you regarding the amount of payments and due dates. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- 2. While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every 30 days.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

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

- 1. You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- 2. You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on .
- 3. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- 4. You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- 5. You have the right to have **holiday**, **sick**, **personal**, **or annual leave**, **and**/or **any accrued compensatory time** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Compensatory time and any sick or personal leave you have accrued must be depleted prior to the approval of any annual leave

annual leave.		
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 leave entitlement. If you have any questions, please do not hesitate to contact:  at		