**CONSULT WITH YOUR PEOPLE PERSON CONSULTANT BEFORE PROVIDING THIS FORM TO THE EMPLOYEE**

Change PTO out for Vacation/Sick if applicable under client’s time off policy

NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES (FAMILY AND MEDICAL LEAVE)

**PART A – NOTICE OF ELIGIBILITY**

To: Insert Name

From: Insert Name

Date: Click here to enter a date.

On Click here to enter a date. you informed us that you needed leave beginning on Click here to enter a date. for

The birth of a child, or placement of a child with you for adoption or foster care;

Your own serious health condition;

Because you are needed to care for your  spouse;  domestic partner;  child

parent due to his/her serious health condition;

Because of a qualifying exigency arising out of the fact that your

spouse; son or daughter;  parent is on active duty or call to active duty

status in support of a contingency operation as a member of the Armed Forces.

Because you are the  spouse; son or daughter;  parent;  next of kin of a

covered servicemember with a serious injury or illness.

This notice is to inform you that you:

Are eligible for leave pursuant to the Family & Medical Leave Act (“FMLA). Please see parts B and C below for Rights and Responsibilities.

Are ***not*** eligible for FMLA leave because (only one reason may be checked

although you may not be eligible for other reasons):

You have not met the FMLA’s twelve-month length of service requirement. As

of the date of this letter you will have worked approximately Choose an item.

months towards this requirement.

You have not met the FMLA’s 1,250 hours-worked requirement.

You have exhausted your FMLA benefit as you were out on leave from

Click here to enter a date. to Click here to enter a date..

If you have any questions, please contact Insert Name Here or refer to your employee handbook.

**PART B – RESPONSIBILITIES FOR TAKING FMLA LEAVE**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable twelve-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by** Click here to enter a date.. If sufficient information is not provided in a timely manner, your leave may be denied.

No additional information is requested. We have your physician notice on file.

Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is enclosed.

Sufficient documentation to establish the required relationship between you and your family member.

Other information needed: Click here to enter text.

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

You will be required to use your available paid PTO. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

You have requested to use your available paid PTO; This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

You currently have Click here to enter text. hours of PTO available as of the date of this letter.

Contact Insert Name Here at Insert Phone Number Here make arrangements to continue your share of premium payments to your health insurance and other benefits while you are out on leave. You have a minimum thirty-day grace period in which to make your premium payments. If payment is not received timely, your group health insurance, dental insurance, disability, life insurance, or any other benefit, may be cancelled provided we notify you in writing at least fifteen (15) days before your health coverage will lapse. We may **at our option** pay your share of the premiums during FMLA leave and recover these payments from you upon your return to work but, again, this is entirely at our discretion. If you are receiving paid PTO, your premiums will continue to be deducted in the usual manner via payroll deduction. If you are not receiving PTO, you will be required to pay your premium(s) every other Friday. Checks may be made payable to Insert Name Here and given to Insert Name Here. If your leave extends beyond your FMLA benefit you may receive notification that you will be placed on COBRA. You currently have the following benefits:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Amount | Monthly | Bi-Monthly |
| Medical |  |  |  |  |
| Dental |  |  |  |  |
| Vision |  |  |  |  |
| Disability |  |  |  |  |
| Life |  |  |  |  |
| Other |  |  |  |  |

**DELETE IF NOT APPLICABLE** Due to your status within the company, 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.

While on leave you may be required to furnish us with periodic reports of your status and intent to return to work. We will reach out to you should we require more information on the status of your leave.

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

**PART C – RIGHTS WHILE TAKING FMLA LEAVE**

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

DELETE IF NOT APPLICABLE: You have the right under FMLA for up to twelve (12) weeks of unpaid leave in a twelve-month period calculated as a “rolling” twelve-month period measured backward from the date of any FMLA leave usage.

DELETE IF NOT APPLICABLE: You have a right under the FMLA for up to twenty-six (26) weeks of unpaid leave in a single twelve-month period to care for a covered servicemember with a serious injury or illness. This single twelve-month period began on Click here to enter a date.

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 the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave; provided, however, that an employee has no greater right to reinstatement than if the employee had been continuously working during the leave period.

Please be advised that if your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.

If you do not return to work following FMLA leave for a reason other than: (1) the 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 family member’s serious health condition which would entitle you to FMLA leave; (3) the continuation, recurrence, or onset of a covered service-member’s serious injury or illness which would entitle you to FMLA leave; or (4) 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 we have not informed you that you must use accrued paid leave time, you have the right to take available PTO while you are on unpaid FMLA leave.

Please advise Insert Name Here if you wish to use accrued available PTO. 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.

For a copy of conditions applicable to leaves, please refer to your employee handbook.

**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 Insert Name at Insert Phone Number.**