

FMLA: Notice of Eligibility and Rights & Responsibilities

The supervisor/responsible administrator provides this form to an employee within five business days of the employee notifying the employer of the need for FMLA-qualifying leave.

Part A: Notice of Eligibility

To employee:	From supervisor/responsible administrator:
Date:	

On _____ you informed us that you needed leave beginning _____ for:
Date: _____ Date: _____

- 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; child; parent due to their 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 National Guard or Reserves.
- 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 FMLA leave (See Part B below for Rights and Responsibilities)
- Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- 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 have any questions, contact your supervisor/responsible administrator.

Part B: Rights and 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 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to _____ by _____**

Name of Office

Date

(If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be delayed or denied.

- Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request.
- is/** **is not** enclosed.
- Sufficient documentation to establish the required relationship between you and your family member.
- Other information needed:
- No additional information requested.

If your leave does qualify as FMLA leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

You will be required to use your available paid sick, compensatory time, vacation, and other available leave for which you are eligible to use during your FMLA absence. 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.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every

Number of days

(Indicate interval of periodic reports as appropriate for the particular leave situation and no more frequent than every 30 days.)

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated earlier 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:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the University's fiscal year (July 1 through June 30).
- 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 servicemember with a serious injury or illness. This single 12-month period commenced on

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. (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 servicemember'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.
- For more information about conditions applicable to sick, compensatory time, vacation, and other available leave, please refer to the labor contract or governing document applicable to your employee group at the University. Labor contracts and governing documents are available at <http://www1.umn.edu/ohr/er/governing/index.html>

Once we obtain the information from you as specified above, we will inform you, within 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:

If you have any questions, contact your supervisor/responsible administrator.