

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



To be eligible an employee must have worked for the State of Colorado for at least 12 months as of the date leave will begin. A State temporary employee must have also worked 1250 hours within the 12 months prior to the date leave will begin. A fully completed Form provides employees with the information required by 29 CFR 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. PART B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 CFR 825.300(b) and (c).

PART A - NOTICE OF ELIGIBILITY

TO: _____ Employee ID#: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ 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; 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 covered active duty or call to covered active duty status with 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.

Work related injury.

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 are a State temporary employee and have not met the 1250 hours within the 12 months prior to the date leave will begin.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

If you have any questions, contact _____ or view the FMLA poster located at _____.



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 us by _____. (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 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 (such as documentation for military family leave):

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):

Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. During **paid** leave, your portion of the premium will continue to be deducted. During **unpaid** leave, you must pay your portion by the 1st of the month of coverage. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled retroactive to the last month for which full payment was received, 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.

You are required to use your available paid **sick**, **vacation**, and/or **other leave** 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 are required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

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:

- You have a right under the FMLA for up to 13 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.
- 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 _____.
- 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 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.

For a copy of conditions applicable to sick/annual/other leave usage, please refer to Chapter 5 of the State Personnel Board Rules and Personnel Director's Administrative Procedures (rules) available at: <https://www.colorado.gov/pacific/spb/rules-0> or the human resources office.

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:

_____ at _____.