



**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 and meet the hours of service requirement in the 12 months preceding the leave. This form 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 in accordance of University procedures.

PART A – NOTICE OF ELIGIBILITY

DATE: _____

TO: _____ EMPL ID: _____
(Employee Name)

FROM: _____ DEPT #/DEPT NAME: _____
(Supervisor Name/Designated Leave Coordinator)

On _____, you informed us that you needed FMLA leave beginning on _____ with an
(MM/DD/YY) (MM/DD/YY)
anticipated end date of _____ as a continuous, intermittent, and/or reduced work schedule leave for
(MM/DD/YY)
the following reason:

Basic Leave Entitlement

- The birth of your child and/or to bond with the newborn child within one year of birth;
- The placement of a child with you for adoption or foster care and/or to bond with the newly placed child within one year of placement;
- Your own serious health condition;
- To care for your spouse, parent, child who has a serious health condition;
- A qualifying exigency arising out of the fact that your spouse, son or daughter, or parent is a covered military member on covered active duty;

Military Family Leave Entitlement

- To care for a covered servicemember with a serious injury or illness. The servicemember is your spouse, son, daughter, parent next of kin.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- Are eligible, however, you have requested leave in excess of your FMLA leave entitlement which is expected to end _____.
Leave after this date must follow other University leave procedures.
(MM/DD/YY)
- Are not eligible for FMLA leave because (only one reason need be checked although you may not be eligible for other reasons);
 - You have exhausted your FMLA leave entitlement in the applicable 12-month period.
 - You have not met the FMLA’s 12-month length of service requirement. As of the start of the leave, you will have worked approximately _____ months towards this requirement.
 - You have not met the FMLA’s hours of service requirement. As of the start of the leave, you have will have worked approximately _____ hours toward this requirement.

(You may contact your supervisor, Designated Leave coordinator, or Human Resources Benefits Administration to discuss if other leave options are possible.)

If you have any questions, contact _____
(Supervisor Name/Designated Leave Coordinator) (Contact # / Email)

Or view the FMLA poster located at www.hr.arizona.edu/fmla/learn.

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
(MM/DD/YY)

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.
- A completed Employee Request for Family and Medical Leave form.
- 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:

- 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, please contact **HR Solutions** at **520-621-3660**. 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, provided we notify you in writing at least 15 days before the date that your health coverage will lapse.
- FMLA leave runs concurrently with the use of an eligible employee's accrued paid time benefits, as applicable, (i.e., sick time, vacation time, paid parental leave, and, for non-exempt employees, compensatory time), approved use of compassionate transfer of leave, and during the receipt of any disability/insurance plan payments (i.e., short-term disability, long-term disability, or worker's compensation). A period of FMLA leave will be unpaid if the employee is not eligible for accrued paid time or exhausts his or her balance of accrued paid time.
- If I would like to receive and use Compassionate Transfer Leave or Paid Parental Leave while on FMLA leave, I must meet separate eligibility requirements and follow applicable procedures.
- If I am receiving benefit payments for worker's compensation, then use of accrued sick leave and/or vacation is optional and the total of all such payments cannot exceed my gross earnings.
- While on leave you may be required to furnish us with periodic reports of your status and intent to return to work in accordance to University policy.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the 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 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 _____.
(Insert 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 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 during your FMLA leave.
- 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 sick/vacation/other leave usage please refer to: <http://hr.arizona.edu>.

Once we obtain the information from you as specified in Part B, 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, contact your Supervisor/Designated Leave Coordinator.

Supervisor/Designated Leave Coordinator

Contact #/Email

(The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to a request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.)

FORM ROUTING

Supervisor/Designated Leave Coordinator:

Original completed form to Employee
 Maintain copy of form in confidential department file
 Copy to Human Resources

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