



# FMLA NOTICE OF ELIGIBILITY WITH RIGHTS & RESPONSIBILITY FOR FAMILY MEMBER HEALTH

DATE: \_\_\_\_\_

Employee 10-digit ID: \_\_\_\_\_

TO:  
\_\_\_\_\_

FROM: \_\_\_\_\_  
College or Department Name

\_\_\_\_\_   
College or Department Number

Dear \_\_\_\_\_,

On \_\_\_\_\_, you informed us that you needed leave beginning on \_\_\_\_\_ to care for a spouse, child, parent or member of your established household who has a serious health condition.

This **conditional** approval is to inform you that you are eligible for Family Medical Leave Act (FMLA) and that you 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 sufficient information, as outlined below, is not provided in a timely manner, your leave may be denied.

- A medical certification completed by your family member's health care provider that sets forth the information necessary
  - Sufficient documentation to establish the required relationship
  - Other information required: \_\_\_\_\_
- 
- No additional information requested

**IMPORTANT:** ASU has the right to contact your family member's health care provider if ASU needs to either authenticate the Certification of Health Care Provider form or clarify the handwriting or meaning of one or more responses made by the provider. In this circumstance, you will need to provide an Authorization for Release of Health Care Information. If you choose not to provide this authorization and you do not otherwise assist in obtaining the necessary information, ASU may deny your request for FMLA leave.

**Responsibilities - If your leave is approved, you will have the following responsibilities while on leave:**

- You will be required to use your available paid sick leave. Upon exhaustion of your sick leave accruals, if you are an hourly employee with a compensatory time accrual balance, you will be required to use that time. Upon the

exhaustion of any sick and compensatory time, you may choose to use accrued vacation hours during your FMLA absence. All days during the 12-week period, paid or unpaid, will 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 your intent to return to work, upon request. The frequency of the periodic reports, including updated certifications, will be stated in the Designation Notice.
- 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 us at least five (5) workdays prior to the date you intend to report to work.

### **Benefits Responsibilities**

You may verify your benefits on My ASU under the Benefits tab located in the My Employment section.

- While on leave, you may choose to continue your health benefits:
  - FMLA (paid): The employee portion of the premiums will be deducted from your check as usual.
  - FMLA (unpaid): You will be billed for the employee portion of the premiums.
  - Non-FMLA (paid): The employee portion of the premiums will be deducted from your check as usual.
  - Non-FMLA (unpaid): You will be billed for both the employee and ASU portions of the premiums.

When you are billed, you have a minimum 30-day grace period in which to make payment. If payment is not made timely, your benefits will be cancelled 15 calendar days after the date of your Notice of Cancellation, retroactive to the last day of the pay period for which coverage had been paid.

- You may be required to reimburse ASU for the employer's share of health insurance premiums paid on your behalf during your leave if you do not return to work following the leave, other than for the following reasons:
  - 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 family member's serious injury or illness which would entitle you to FMLA leave, or
  - 3) Other circumstances beyond your control.
- If you have the Health Care or Limited Health Care Flexible Spending Accounts (FSA), it may be continued while on a leave without pay by making payments directly to ASU on an after-tax basis. By doing this, you will have access to your account. Please contact HR to make arrangements.

A Dependent Care FSA {also known as Child/Adult Day Care FSA} cannot be continued while you are in an unpaid status.

Within **31 calendar days** of returning to work, you must complete the ***Benefits Enrollment/Change Form*** to re-enroll in the medical and/or dependent accounts; otherwise this benefit will cease for the remainder of the calendar year.

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

- You have a right under FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a fixed leave year based on your anniversary date. Your date of hire (DOH) is \_\_\_\_\_: the anniversary of your DOH begins a new 12-month period.
- 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.)

- Following your approved FMLA leave, you may be eligible for a continuation of leave under ASU policy. If additional time is needed, please contact your department leaves representative for information.

**Benefits Rights**

- During both paid and unpaid FMLA Leave, you must be offered health benefits under the same conditions and cost as if you had continued to work. During the FMLA paid leave, the employee portion of the premiums will be deducted from your check as usual; during the FMLA unpaid leave you will be billed for the employee portion of the premiums.
- If you go to an unpaid status during the non-FMLA portion of your leave, it is a qualified event that allows you to make changes to your benefit plans. You have **31 calendar days** from the event date to submit benefits changes by completing the **Benefits Enrollment/Change Form** located in the HR Forms section of the Human Resources Web site. Please contact Employee Services at 480.965.2701 or Faculty Services at 480.727.9900 if you have questions.

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, contact your department leaves representative \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ and/or view the FMLA poster located at [www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf](http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf).

- Enclosures:
- FMLA Certification of Health Care Provider
  - Authorization for Release of Health Information
  - Benefits Enrollment/Change Form
  - \_\_\_\_\_
  - \_\_\_\_\_

- References:
- ACD POLICIES**
- [702-02 Health Related Leave](#)
  - [702-03 Family Leave](#)
  - [704-02 Vacation Leave-Fiscal Year Appt](#)
  - [707 Leave of Absence Without Pay](#)
- SPP POLICIES**
- [404-04 Overtime](#)
  - [701-01 Sick Leave](#)
  - [702-01 Vacation Leave](#)
  - [705-01 Extended Leave of Absence](#)
  - [705-02 Family Leave](#)
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  - \_\_\_\_\_