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, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.3000 (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 C.F.R §825.3000 (b), (c).

[PART	<u> TA-NOTICE OF ELIGIBILITY]</u>		
TO:			
FROM:	Employee		
	Employer Representative		
DATE:			
On	, you informed us that you nee	eded leave beginning on for	:
Tl	the birth of a child, or placement of a child with you for a	doption or foster care.	
Y	our own serious health condition.		
Be	secause you are needed to care for your spouse; equivalent due to his/her serious health condition.	_child: parent Duke registered same sex spousal	
sex ope Be	x spousal equivalent or daughter;parent is on active eration as a member of the National Guard or Reserves.	at yourspouse; son Duke registered same e duty or call to active duty status in support of a contingencyparent;next of kin Duke registered same sex	,
	otice is to inform you that you: re eligible for FMLA leave (See PART B below for Righ	ats and Responsibilities).	
	re NOT eligible for FMLA leave, because (only one reasons):	son need be checked, although you may not be eligible for other	er
	You have exhausted your FMLA entitlement. You do not work and/or report to a site with 50 or more	re employees within 75 miles.	
	have any questions, contact ar.duke.edu or Corporate HR at 919-684-5600.	or view the FMLA policy at	
As expl		r taking FMLA leave and still have FMLA leave available in	
	•	etermine whether your absence qualifies as FMLA leave, . (If a certification is required,	
employ	ust return the following information to us by	this notice; additional time may be required in some	
circums	stances.) If sufficient information is not provided in a tin	nely manner, your leave may be denied.	
		leave. A certification form that sets forth the information	
	necessary to support your request is / is not encloufficient documentation to establish the required relation		
	Other information needed:	· · · · · · · · · · · · · · · · · · ·	

Employee Signat	nature: Date:	
Supervisor Signa	gnature: Date:	
designated as FMI	the information from you as specified above, we will inform you, within 5 business days, wheth MLA leave and count towards your FMLA leave entitlement. If you have any questions, please at	
For a copy of conwww.hr.duke.edu	onditions applicable to sick/vacation/other leave usage, please refer to Duke Leave of Abadu.	sence at
entitlement, y entitlement, p substitution o	not informed you above that you must use PTO accrued paid leave while taking your unp t, you have the right to havesick,vacation, orPTO run concurrently with y t, provided you meet any applicable requirements of the leave policy. Applicable condition of paid leave are referenced or set forth below. If you do not meet the requirements for taitled to make unpaid FMLA leave.	your unpaid leave ns related to the
serious health service-memb	not return to work following FMLA leave for a reason other than: 1) the continuation, recuralth condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or ember's serious injury or illness which would entitle you to FMLA leave; or 3) other circum may be required to reimburse us for our share of health insurance premiums paid on you ve.	onset of a covered mstances beyond your
on your return	be reinstated to the same or equivalent job with the same pay, benefits, and terms and concurrent from FMLA-protected leave. (If your leave extends beyond the end of your FMLA end rights under FMLA).	
• Your health be to work.	h benefits must be maintained during any period of unpaid leave under the same condition	s as if you continued
	a right under the FMLA for up to 26 weeks of unpaid leave under in a single 12-month per rvice- member with a serious injury or illness. This single 12-month period commenced or	
• You have a ri	loes qualify as FMLA leave, you will have the following rights while on FMLA leave: a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculate iod measured backward from the date of any FMLA leave usage.	d as a "rolling" 12-
this form, you will your supervisor 14 the conclusion of y	nnces of your leave change, and you are able to return to work earlier than the date indicated o will be required to notify us as least two work days prior to the date you intend to report for world to alendar days prior of your request for extension, or decide not to return from an approve of your leave, you will be considered to have resigned your position voluntarily or your department after the twelve week period allotted to you by the Family Medical Leave Act.	ork. If you fail to notify d leave of absence by
least 15 day Due to your employee" will causes	days before the cancellation of your medical benefits occur. ur status within the company, you are considered a "key employee" as defined in the FML be", restoration to employment may be denied following the FMLA leave on the grounds the se substantial and grievous economic injury to us. Wehave /have not determine ment at the conclusion of FMLA leave will cause substantial and grievous economic harm	A. As a "key hat such restoration ad that restoring you to
25th of eac Durham, N "Duke Uni	a minimum 30-day grace period in which to make premium payments. Payments for pre- each month, prior to the month of coverage. Payments should be sent to Benefits Account, NC 27708. Personal checks, money orders or cashier's checks are accepted and should be University." Please include your Duke Unique ID and reason for payment (i.e. FMLA) on the tris not made timely, your group medical insurance may be cancelled provided Duke notification.	ing, Box 104132, e made payable to he memo line. If
If your leave doe	loes qualify as FMLA leave you will have the following responsibilities while on FMLA	leave (only checked
No additiona	onal information requested.	

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