

**Notice of Eligibility and Rights & Responsibilities
(Family and Medical Leave Act & New Jersey Family Leave Act)**

In general, to be eligible under the Federal Family Medical Leave Act (FMLA) and/or the New Jersey Family Medical Leave Act (NJFLA) an employee must have worked for Rutgers University for at least 12 months and have worked at least 1,000 hours in the 12 months preceding the leave. In addition, to be eligible under FMLA, an employee must work at a site with at least 50 employees within 75 miles. Under NJFLA, an employee must work at a site with at least 50 employees worldwide. When fully completed, this form provides employees with the information required by 29 C.F.R. § 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 C.F.R. § 825.300(b), (c) and taking NJFLA leave.

Part A-NOTICE OF ELIGIBILITY

To: _____ Date: _____
Employee

From: _____
Employer Representative

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 _____ due to his/her serious health condition;
- Because of a qualifying exigency arising out of the fact that your _____ 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 _____ of a covered service member with a serious injury or illness.

This Notice is to inform you that you:

- Are eligible for _____ (See Part B for Rights and Responsibilities)
- Are **not** eligible for _____ because (only one reason need be checked, although you may not be eligible for other reasons):
 - You have not met the _____ 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 1,000-hours-worked requirement.
 - You do not work and/or report to a site with 50 or more employees within 75-miles and/or worldwide.
 - You are an "Exempt" employee as defined by the NJFLA.

If you have any questions about the information provided in this form, contact _____ or view the FMLA and NJFLA posters located in _____.

Part B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA/NJFLA LEAVE

As explained in Part A, you meet the eligibility requirements for taking _____ and still have FMLA leave available in the applicable 12-month period and/or NJFLA leave available in the applicable 24-month period. **However, in order for us to determine whether your absence qualifies as FMLA and/or NJFLA 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/NJFLA 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 and/or NJFLA leave, you will have the following responsibilities while on FMLA/NJFLA leave (only checked boxes apply):

- Contact Benefits Enrollment at 848-932-3020 x 4077 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. 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, 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 will be required to use your applicable _____ **sick** days prior to your FMLA and/or NJFLA absence.
- Due to your status within the institution, you are considered a “key employee” as defined in the FMLA. As such, “restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us.” We **have** **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- While on leave you will be 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 your certification 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 and/or NJFLA leave, you will have the following **rights** while on leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA leave usage. You have a right under the NJFLA for up to 12 weeks in a 24 month period calculated as the 24-month period measured forward from the date of your first NJFLA leave usage.
- You have a right only under the FMLA for up to 26 weeks 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 _____.
- You 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/NJFLA-protected leave. (If your leave extends beyond the end of your applicable FML or NJFLA entitlements(s), you do not have turn rights under FMLA/NJFLA.)
- 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.
- You have the right to have _____ **vacation**, _____ **AL** and/or _____ **PH** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the time off policies. Applicable conditions related to the substitution of paid time are referenced below. If you do not meet the requirements for taking paid time you remain entitled to take unpaid FMLA and/or NJFLA leave. If you would like to take any paid time as outlined above concurrently with your unpaid leave entitlement, please contact _____ at _____. For conditions applicable to Vacation/AL/PH usage please refer to University Policies 60.3.3, 60.3.10, and 60.3.11 as well as departmental policies and collective bargaining agreements.
- Your leave will run concurrently with any other leaves that you may be eligible for pursuant to University regulations and/or your collective bargaining agreement.

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 and/or NJFLA leave and count towards your FMLA and/or your NJFLA leave entitlement.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**