



FMLA Notice of Eligibility and Notice of Employee Rights & Responsibilities

Dept. of Employee Relations
03.31.17

TO: (Employee Name)
FROM: (Employer Representative)
DATE:
On _____, you informed us that you needed leave beginning on _____ for

EMPLOYEE NOTICE OF ELIGIBILITY

This Notice is to inform you that you:

- ☐ Have met the requirement of length of service needed to apply for FMLA leave (see next section 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 day of requested leave, you will have worked approximately _____ months towards this requirement.
 - ☐ You have not met the FMLA's hours of service requirement.

NOTICE OF EMPLOYEE RIGHTS & RESPONSIBILITIES FOR TAKING FMLA

As explained above, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order to determine whether your absence qualifies as FMLA leave, you must return the following information by _____ (date).** *(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:

- ☐ The City of Milwaukee will maintain your health and dental insurance coverage. You will continue to pay your share of the premium contributions for health and dental insurance during the time of your leave. While on unpaid FMLA, you will be billed for your monthly premium and failure to make payments will result in termination of health and dental benefits. Questions should be directed to the Department of Employee Relations-Employee Benefits Division at 286-3184.
- ☐ If you fail to return to work after taking FMLA leave and the failure is not due to circumstances which would otherwise entitle you to FMLA leave or are otherwise beyond your control, you are liable for the payment of all health and dental insurance premiums paid by the City of Milwaukee during the unpaid portion of the FMLA leave.
- ☐ You must submit a Request for FMLA form to cover each pay period of absence.
- ☐ You must provide at least a 2-day advance notice of your intent to return to work earlier than indicated on the medical certification.

- ☐ You will be required to use your accrued paid **sick, vacation and/or comp** during your Federal 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. If you do not have accrued paid leave available, you may take unpaid FMLA leave. Your service date is adjusted for all unpaid time.

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

1. You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated on a calendar year basis (January – December).
2. You have the 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 _____(date).
3. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work as long as you continue to make your share of the premium payment.
4. You must be restored 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.)*
5. 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.

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 questions please do not hesitate to contact your departmental FMLA Administrator, _____ at (414)_____.