



NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES (FMLA/CFRA)

PART A – NOTICE OF ELIGIBILITY

To: _____ Date: _____
(Employee's Name)

From: _____ Department: _____
(Name of Dept. Representative)

On _____, you notified us of your need to take family/medical leave beginning on
(date)

_____ due to:
(date)

- The birth of a child, or the placement of a child with you for adoption or foster care; or
- Your own serious health condition;
- Because you are needed to care for your spouse, child, parent, domestic partner due to his/her serious health condition;
- Because of a “qualifying exigency” arising out of the fact that your spouse, son or daughter or parent 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 spouse, son or daughter, parent, next of kin of a covered service member with a serious injury or illness.

This notice is to inform you that you:

- Are eligible for FMLA and/or CFRA leave (See Part B below for Rights and Responsibilities);
- Are not eligible for FMLA or CFRA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
 - You have not met the FMLA or CFRA’s 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 FMLA and CFRA’s 1,250-hours-worked requirement.

If you have any questions, contact _____ or view the FMLA poster located in your department.

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 further information is required, you must return the requested material to your department within 15 days. If you require additional time to provide the requested certification, you must discuss this with your department. If sufficient information is not provided in a timely manner, your leave may be denied.

- Additional information is not required at this time.
- Sufficient certification to support your request for FMLA leave is required. A certification form that sets forth the information necessary to support your request **is** **is not** enclosed. Depending on the nature of your leave request, this certification form would be a medical certification for yourself or your family member or certification of a “qualifying exigency” or serious illness or injury of a family member for military family leave.
- Sufficient documentation to establish the required relationship between you and your family member is required.
- Other _____ information _____ needed:

- No additional information requested.

If your leave does qualify as FMLA/CFRA leave, you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

- Contact the **Human Resources Department, Employee Benefits Division** at **805-568-2818** 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.
- Due to your status within the agency, you are considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following FMLA/CFRA 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 _____.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the first page of 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 and/or CFRA leave you will have the following **rights** while on FMLA/CFRA leave:

- You have a right under the FMLA and/or CFRA 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 service member with a serious injury or illness. This single 12-month period commenced on _____.
- 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/CFRA-protected leave. (If your leave extends beyond the end of your FMLA/CFRA entitlement and any additional time period allowed under County policies or the terms of applicable provisions of the memorandum of understanding covering your position, you do not have return rights under FMLA/CFRA).
- If you do not return to work following FMLA/CFRA 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/CFRA 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/CFRA leave.
- You have the right to use accrued sick, vacation and/or other paid leave while you are taking your FMLA/CFRA entitlement which will run concurrently with your unpaid FMLA/CFRA entitlement, provided you meet any applicable leave requirements as defined in County codes, memorandums of understanding, Civil Service Rules and County administrative policies.
 - For a copy of conditions applicable to sick/vacation and other paid leave usage please contact your supervisor.

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 or CFRA leave and count towards your FMLA and/or CFRA leave entitlement. If you have any questions, please do not hesitate to contact your supervisor or departmental Human Resources representative.

- Attachments: Medical Certification – Employee’s Serious Health Condition
- Medical Certification – Family Member’s Serious Health Condition
- SDI Application Packet
- Fitness for Duty to Return from Leave Certification