



## Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

In general, to be eligible for Family and Medical Leave an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the last 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. This completed 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 Dallas County of the need for FMLA leave. Part B of this form provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. 825.300 (b), (c).

### Part A – Notice of Eligibility

Date of Notice:

Department Name:

Department Contact Person:

Employee Name:

Employee's Job Title:

Regular Work Schedule:

On [Date: \_\_\_\_\_] you informed us that you needed leave on [Date: \_\_\_\_\_] for:

- The birth of a child, or placement of a child with you for adoption or foster case.  
Date of birth/adoption/placement \_\_\_\_\_ Child's Name \_\_\_\_\_
- Your own serious health condition (including pregnancy).
- Because you are needed to care for your [ ] spouse; [ ] child; [ ] parent due to his/her serious health condition.
- Because you are the [ ] spouse; [ ] son or daughter; [ ] parent; [ ] next of kin of a covered service member with a serious injury or illness.
- Because of a qualifying exigency arising out of the fact that your [ ] spouse; [ ] son or daughter; [ ] parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

This Notice is to inform you that you:

- Are **eligible** for FMLA leave (**See Part B below 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 date of requested leave, you will have worked approximately \_\_\_\_\_ months toward this requirement.
  - You have not met the FMLA's 1250-hours worked requirement.

If you have questions, please review the Family and Medical Leave Policy and contact your department human resources representative or county human resources representative.

## 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 a certification is requested, you have at least 15 working 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.

- Please provide 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.
- Please provide sufficient documentation to establish the required relationship between you and your family member.
- Other information needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- No additional information requested.

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 any questions, please do not hesitate to contact:

Departmental Representative:

Telephone Number:

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

- Contact the County Auditor's Office at (214) 653-6431 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. 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 your health coverage will lapse, or, at our option, we may pay your share of the premiums during the FMLA leave, and recover these payments from you upon your return to work.
- You will be required to use your available **paid \_\_\_\_\_ sick, \_\_\_\_\_ vacation, \_\_\_\_\_ compensatory, \_\_\_\_\_ holiday credit, and/or \_\_\_\_\_ personal day** during your 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.
- Due to your status within the county, you are considered a **"key employee"** as defined in the FMLA. As a **"key employee,"** 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 the reverse side 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 leave, you will have the following rights while on FMLA leave:**

- You have a right under the FMLA for up to 12 weeks of 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 FMLA for up to 26 weeks of 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 \_\_\_\_\_ (date).
- 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).
- 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 service member'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.**

**In addition, you will have the option to elect to continue or temporarily drop insurance deductions:**

**OPTIONS:**

- You will be able to elect to continue insurance benefits and deductions for employee and dependents. You will remit timely payments for all such benefits and coverages as specified by the Auditor's Office; or
- You will be able to elect to temporarily drop insurance benefits and deductions **for employee and dependents** during the leave and reinstate them upon returning to work; or
- You will be able to elect to temporarily drop insurance benefits and deductions **for dependents only** during the leave and reinstate them upon returning to work. You will retain all of my insurance benefits and will remit timely payments as specified by the Auditor's Office.

**Note:** If you elect to drop optional life, dependent life or long term care insurance while on FMLA, you have the option of re-electing these insurance benefits. However, you will be required to go through medical underwriting for insurance benefit reinstatement. If approved, the reinstatement will be effective the first of the month following underwriting approval. If you have **FSA Dependent Care**, your contributions will automatically stop while you are out on unpaid FMLA. Your **FSA Dependent Care contributions** reinstate upon return to work.