



State of Colorado

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

In general, to be eligible for FMLA leave an employee must have worked for the State at least 12 months. Employers must provide notice of eligibility to the employee within 5 business days of being notified of the need for leave.

Part A - Notice of Eligibility

To: _____ Employee ID #: _____

Employee

From: _____

Authorized Signature

Date: _____

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 ___ spouse; ___ child; ___ parent due to his/her serious health condition;

___ Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ son or daughter; ___ 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 servicemember with a serious injury or illness.

___ Work related injury.

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 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 towards this requirement.

___ Are **not** eligible for FMLA leave at this time, because you have exhausted your FMLA leave entitlement in the applicable 12-month period.

If you have questions, contact _____ or view

the FMLA poster located at _____.

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 _____** (15 calendar days from receipt of this Notice). 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: _____

____ No additional information requested.

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

____ Contact _____ at _____ to make arrangements to continue premium payments on your health insurance to maintain health benefits while you are on leave. During **paid** leave, your portion of the premium will continue to be deducted. During **unpaid** leave, you must pay your portion by the 1st of the month of coverage. If payment is not received within 30 days of the due date, your group health insurance may be cancelled retroactive to the last month for which full payment was received, 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 are required to use your available paid _____ **sick**, _____ **annual**, and /or _____ **other leave** 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.

____ While on leave you will be required to periodically report your status and intent to return to work every _____ days.

If the circumstances of your leave change, and you are able to return to work earlier than the anticipated date of return, 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 for up to 13 weeks of leave in a fiscal leave year.
- 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 servicemember 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-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 that would entitle you to FMLA leave; 2) the continuation , recurrence, or onset of a covered servicemember’s serious injury or illness that 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.
- If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

For a copy of conditions applicable to sick/annual/other leave usage, please refer to Chapter 5 of the State Personnel Board Rules and Personnel Director’s Administrative Procedures (rules) available at: <http://www.colorado.gov/dpa/dhr/rules/rules.htm> or the human resources office.

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 question, please do not hesitate to contact:

_____ at _____

This notice has been discussed with me and I have received a copy. Knowingly providing false information directly, or through another party, may result in corrective or disciplinary action.

Employee signature _____ Date _____

OR

Leave has begun and this notice was mailed (certified, return receipt requested) on _____ (date) to employee’s home address as listed in payroll records.

Authorized Signature _____ Date _____