



**NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES  
FOR FAMILY AND MEDICAL LEAVE**

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

**PART A – NOTICE OF ELIGIBILITY**

To (Employee): \_\_\_\_\_ Date: \_\_\_\_\_

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
- You are needed to care for your: spouse \_\_\_ child \_\_\_ parent \_\_\_ due to his/her serious health condition
- A qualifying exigency arising out of the fact that your: spouse \_\_\_ son/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/daughter \_\_\_ parent \_\_\_ next of kin \_\_\_ of a covered servicemember with a serious injury or illness

**THIS NOTICE IS TO INFORM YOU THAT YOU:**

- Are **eligible** for FMLA leave (see Part B for Rights and Responsibilities)
- Are **not eligible** for FMLA leave because (only one reason needs to be checked):
  - 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.
  - You have not met the FMLA's 1,250 hours worked requirement.
  - You do not work and/or report to a site with 50 or more employees within 75 miles.

If you have any questions, please contact your Human Resources Department or view the FMLA requirements located on the district's website and library bulletin boards.

**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 certification from a health care provider 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 of Health Care Provider 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: (checked boxes apply)

- You will need to contact the Payroll Department at (360)732-4090 Ext 221 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 (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be canceled, 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 available paid _____ <b>sick</b> , _____ <b>vacation</b> , and/or _____ <b>other leave</b> 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 company, 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 <u>  </u> <b>have</b> <u>  </u> <b>have not</b> 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.)
<b>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.</b>	
You have the right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:	
	The calendar year (January – December)
	A fixed leave year based on:
	The 12-month period measure forward from the date of your first FMLA leave usage.
	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 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 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.	
If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ <b>sick</b> , _____ <b>vacation</b> , and/or _____ <b>other leave</b> run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.	
<b>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 Human Resources.</b>	
<b>PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT :</b> 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. <b>DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.</b>	
Form WH-381 Revised January 2009	



Chimacum School District  
Human Resources Department

FMLA-2

Stephanie McCleary, Personnel Ext 222  
Marilyn Gustafson, Payroll Ext 221  
(360)732-4090

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