

**ELIGIBILITY & LEAVE NOTIFICATION
CENTRAL MICHIGAN UNIVERSITY**

To (Employee): _____
From(Supervisor) _____
Signature: _____
Date: _____

Section 1 - Notice of Eligibility

On _____, you informed me that you needed leave beginning on _____ and ending on _____ for:

- The birth of a child, or placement of a child with you or adoption for foster care (**Reminder: Status Change Form must be submitted to Benefits & Wellness, Rowe 108 within 30 days of the event to add the child to your health insurance**);
- Your own serious health condition;
- Because you are needed to provide care for your spouse; child; parent; other eligible individual (OEI) due to his/her serious health condition
- Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent; OEI is on covered active duty
- Because you are the spouse; son or daughter; parent; OEI; next of kin of a covered servicemember with a serious injury or illness in need of your care.

This is to inform you that:

- You are eligible for leave under FMLA.
- You are not eligible for leave under FMLA.
 - You have not met the FMLA's 12-month length of service requirement. As of the 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 will be required to furnish the following or your leave may be delayed or denied:

- A complete and sufficient medical certification of a serious health condition/serious injury or illness. This certification must be furnished by _____ (within 15 calendar days of this request).
The certification is/ is not enclosed.
- A complete and sufficient certification for a qualifying exigency of a covered family member
- Sufficient documentation to establish the required relationship between you and your family member.

Section 2 - Rights and Responsibilities for Taking FMLA

If your leave does qualify as FMLA leave you will be entitled to:

- up to 12 workweeks of paid/unpaid leave in the calendar year (January – December)
- up to 26 workweeks of paid/unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The single 12-month period begins/began on _____.
- CMU must maintain any medical, prescription drug and/or dental benefits that you currently have during the period of an unpaid Family & Medical leave under the same conditions as if you continued to work. You will be reinstated to the same or an equivalent job with the same pay, benefits, terms and conditions of employment upon your return from Family & Medical leave. If you do not return to work or work for at least 30 days following Family & Medical leave for a reason other than: the continuation, recurrence or onset of a serious health condition which would entitle you to Family & Medical leave; or other circumstances beyond your control; you will be required to reimburse the University for the health and/or dental premiums paid on your behalf during your Family & Medical leave.
- If approved, your family and medical leave will run concurrently with paid sick time, paid vacation time and catastrophic leave for your own medical condition and with family sick, vacation and personal time for family leaves. Upon exhaustion of all paid sick time and, if you choose, all but 40 hours of vacation, the remainder of your family and medical leave will be unpaid.
 - You have chosen to bank _____ hours of vacation.
- Unpaid leave of absence:

- a. If you normally pay a portion of the benefit premium for you group health benefits for medical, prescription drug and dental coverage, these premium payments must continue during the period of any unpaid Family & Medical leave in order for coverage to be continued.
 - b. University contributions toward medical, prescription and dental coverage will be continued, however, payback will not continue to employees who elect “no coverage.”
 - c. The initial benefit premium payment includes the cost of coverage for the remainder of the month in which the unpaid family medical leave began as well as the full month following. The initial payment is due within 30 days of the effective date of the unpaid leave. If payment is not received by the due date, benefits will be cancelled retroactively to the first day for which payment was due.
 - d. Subsequent monthly benefit premium payments must be received in the Benefits & Wellness office on or before 5:00pm on the 1st day of each month for which coverage is continued.
 - e. Failure to pay the benefit premium within a 30 day grace period of the payment due date will result in a retroactive cancellation of benefits effective the first day for which the payment was due. Any claims that have already been paid by the plan for service dates that occur after the effective date of the termination of coverage may be billed to the participant and will become the responsibility of the participant to re-pay the plan.
 - f. The University will provide written notice to the employee that payment has not been received at least 15 days before the group health coverage will cease and advise the employee that coverage will be cancelled unless payment is received.
 - g. The University will not pay your portion of the benefit premiums while you are on leave.
 - h. The University will not continue any benefit contributions for other benefits, which may include flexible spending accounts (health care and dependent day care), employee life insurance, long-term disability, short-term disability, spouse life insurance and child life insurance, during your unpaid Family & Medical leave of absence.
- If your Family & Medical leave is for your own serious health condition, ***you will be required to present fitness-for-duty documentation*** prior to resuming employment. ***Your return to work will be delayed until the documentation is provided.***
 - Your job description/essential functions are attached.
 - While on leave you **will** **will not** be required to furnish us with periodic reports of your status and intent to return to work as indicated in the box below. 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 notice you will be required to notify your supervisor as soon as possible, prior to the date you intend to report to work.

- You will be required to furnish medical recertification as noted below (explain what is needed, intervals between certification, etc):

If you have any questions about this leave or your rights under the FMLA, please contact _____ or view the poster located in Rowe or Warriner halls or on-line at <http://www.dol.gov/esa/whd/fmla/finalrule/FMLAPoster.pdf>

Section 3 - Leave Designation Notice

- The requested leave will be counted against your annual FMLA leave entitlement. Based on the information provided _____ hours, days or weeks will be counted against your leave entitlement.
- The requested leave will not be counted against your annual FMLA leave entitlement.

The leave has been:

- denied (note rationale below)
- approved, as requested
- approved, as noted below (specify any stipulations related to the leave time, i.e. afternoons only, beginning later than requested, etc.)

cc: Supervisor
Human Resources (staff) or Faculty Personnel Services (faculty)